

FILE NOTATIONS

Entered in MID File
Location Pinned
Card Indexed
✓
✓
✓

Checked by Chief *PMB*
Approval Letter *5-27-73*
Disapproval Letter

COMPLETION DATA:

Date Well Completed
DW..... WW..... TA.....
SW..... OS..... PA.....

Location Inspected
Bond released
State or Fee Land

LOGS FILED

Driller's Log.....
Cable Log (No.)
..... I..... Dual I Lat..... GR-N..... Micro.....
..... Sonic GR..... Lat..... ML-L..... Sonic.....
CBLog..... CCLog..... Others.....

From: T. M. Colson

Rock Springs, Wyoming

To: R. G. Myers

March 7, 1973

Tentative Plan to Drill
Unit Well No. 22
Clay Basin Field

This well will be drilled to total depth by _____ Drilling Company. One work order has been originated for the drilling and completion of this well, namely 21333, Drill Unit Well No. 22, Clay Basin Field, located in NW SE Sec. 16, T. 3 N., R. 24 E., Daggett County, Utah. A 7-7/8-inch hole will be drilled to a total depth of 5570 feet and 4-1/2-inch O.D. casing run. It is planned to complete the well as a gas producer in the Frontier formation. Two drill stem tests are anticipated.

1. Drill 13-3/4-inch hole to approximately 330 feet KBM.
2. Run and cement approximately 300 feet of 9-5/8-inch O.D., 32.3-pound, H-40, 8 round thread, ST&C casing. The casing will be cemented with 323 sacks of regular Type "G" cement, which represents theoretical requirements plus 100 per cent excess cement for 9-5/8-inch O.D. casing in 13-3/4-inch hole with cement returned to surface. Cement will be treated with 1518 pounds of Dowell D43A. Plan on leaving a 10 foot cement plug in the bottom of the casing after displacement is completed. Floating equipment will consist of a Baker guide shoe. The top and bottom of all casing collars will be spot welded in the field and the guide shoe will be spot welded to the shoe joint in the Rock Springs Machine Shop. The bottom of the surface casing should be landed in such a manner that the top of the 10-inch 3000 psi casing flange will be at ground level. A cellar three feet deep will be required. Prior to cementing, circulate 50 barrels of mud. Capacity of the 9-5/8-inch O.D. casing is 26 barrels.
3. After a WOC time of 6 hours, remove the landing joint and wash off casing collar. Install a NSCo. Type "B" 10-inch 3000 psi regular duty casing flange tapped for 9-5/8-inch O.D. casing. Install a 2-inch extra heavy nipple, 6 inches long, and a Nordstrom Figure 824 (800 psi WOG, 1600 psi test) valve

on one side outlet of the casing flange and a 2-inch extra heavy bull plug in the opposite side. Install a 10-inch 3000 psi double gate hydraulically operated blowout preventer with blind rams in the bottom and 4-1/2-inch rams in the top and finish nipping up. After a WOC time of 12 hours, pressure test surface casing, all preventer rams, and Kelly-cock to 1000 psi for 15 minutes using rig pump and drilling mud. The burst pressure rating for 9-5/8-inch O.D., 32.3-pound, H-40, 8 round thread, ST&C casing is 2270 psi.

4. Drill 7-7/8-inch hole to the total depth of 5570 feet or to such depth as the Geological Department may recommend. A mud de-sander will be used from under the surface casing to total depth to remove all undesirable solids from the mud system and to keep the mud weight to a minimum. A portable logging unit will be used from 4800 feet to total depth. A Company Geologist will be on location to check cutting samples; 10 foot samples from 4800 feet to total depth. The mud system will consist of properties adequate to allow the running of drill stem tests. The mud weight should be held as low as practical. Two drill stem tests are anticipated starting at a depth of approximately 5350 feet. Anticipated tops are as follows:

	Approximate Depth (Feet KBM)
Mancos	Surface
Frontier	5350
Mowry	5550
Total Depth	5570

5. Run a dual induction-laterolog from total depth to the bottom of the surface pipe (linear 2-inch, logarithmic 5-inch with RXO/Rt on 5-inch) and compensated density with gamma ray and caliper logs with "F" log overlay from total depth to 4100 feet.
6. Assume commercial quantities of gas and/or oil are present as indicated by open hole drill stem tests or log analysis. Go into hole with 7-7/8-inch

bit and drill pipe to total depth to condition mud prior to running production casing. Pull bit laying down drill pipe and drill collars.

7. Run 4-1/2-inch O.D. casing as outlined in Item No. I, General Information, through the deepest producing zone as indicated by open hole drill stem tests or log analysis. A Baker 4-1/2-inch O.D., 8 round thread Type G circulating differential fillup collar and guide shoe will be run as floating equipment. Cement casing with 50-50 Pozmix "A" cement. Bring cement top behind the 4-1/2-inch O.D. casing above the uppermost producing zone as indicated by drill stem test and log analysis. Circulate 150 barrels of drilling mud prior to beginning cementing operations. Capacity of the 4-1/2-inch O.D. casing is approximately 86 barrels. Cement requirements will be based on actual hole size as determined by the caliper portion of the formation density log. Rotate casing while circulating, mixing, and displacing cement. Displace cement with water.
8. Immediately after cementing operations are completed, land the 4-1/2-inch O.D. casing with full weight of casing on slips in the 10-inch 3000 psi casing flange and record indicator weight. Install NSCo. Type B 10-inch 3000 psi by 6-inch 5000 psi tubing spool. Pressure test primary and secondary seals to 3000 psi for 5 minutes. Minimum collapse pressure for 4-1/2-inch O.D., 11.6-pound, N-80, 8 round thread, LT&C casing is 5950 psi. Install a steel plate on the 6-inch 5000 psi tubing spool flange.
9. Release drilling rig and move off location.
10. Move in and rig up a completion rig.
11. Install a 6-inch 5000 psi hydraulically operated double gate preventer with blind rams on bottom and 2-3/8-inch tubing rams on top.
12. After a WOC time of at least 50 hours, rig up Dresser Atlas and run bond log and perforating formation control log from plugged back depth to top of cement behind the 4-1/2-inch O.D. casing.

13. After a WOC time of at least 56 hours, pick up and run a 3-3/4-inch bit on 2-3/8-inch O.D., 4.6-pound, J-55, seal lock thread tubing to check plugged back depth.
14. Using Halliburton pump truck and water, pressure test casing and tubing rams to 4000 psi for 15 minutes. The minimum internal yield for 4-1/2-inch O.D., 11.6-pound, N-80 casing is 7780 psi and the wellhead has a working pressure of 5000 psi with a test pressure of 10,000 psi. Pull tubing and pressure test casing and blind rams to 4000 psi for 15 minutes.
15. A tentative plan to complete the well will be issued after results of the above items have been evaluated.

GENERAL INFORMATION

- I. The following tubular goods have been assigned to the well.

<u>Description</u>	<u>Approximate Gross Measurement (feet)</u>	<u>Availability</u>
<u>Surface Casing</u>		
9-5/8-inch O.D., 32.3-pound, H-40, 8 round thread, ST&C casing	330	Warehouse stock
<u>Production Casing</u>		
4-1/2-inch O.D., 11.6-pound, N-80, 8 round thread, LT&C casing	4700	Warehouse stock
<u>Production Tubing</u>		
2-3/8-inch O.D., 4.6-pound, J-55, seal lock tubing	6200	To be purchased

- II. All ram type preventers will have hand wheels installed and operative at the time the preventers are installed.
- III. Well responsibility - J. A. Colburn.

R. G. MYERS

INTEROFFICE COMMUNICATION

FROM R. G. Myers

Rock Springs, Wyoming

CITY

STATE

TO B. W. Croft

DATE April 11, 1973

SUBJECT Tentative Plan to Drill


Unit Well No. 22

Clay Basin Field

Attached for your information and files is a tentative plan to drill the above-captioned well. This plan was written in accordance with the Geologic Prognosis dated January 30, 1973.

RGM/gm

Attachment

cc: J. T. Simon
L. A. Hale (6)
J. E. Adney
Geology (2)
D. E. Dallas (4)
C. F. Rosene
E. J. Widic
B. M. Steigleder
U.S.G.S.
State 
Paul Zubatch
P. E. Files (4)

June 4, 1973

DEVELOPMENT PLAN
FOR
U.S.G.S. APPROVAL
OF
SURFACE USE
MOUNTAIN FUEL DRILLING WELLS

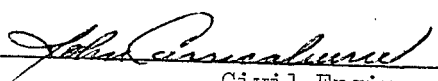
Well Name Clay Basin Unit Well No. 22

Field or Area Clay Basin

1. Existing roads.
Refer to drawing No. M-9030.
2. Planned access roads.
Refer to drawing No. M-9030.
3. Location of wells.
Refer to drawing No. M-9030.
4. Lateral roads to well locations.
Refer to drawing No. M-9030.
5. Location of tank batteries and flowlines.
Refer to drawing No. M-9030.
6. Location and types of water supply.
Water will be hauled by tank truck from Red Creek. Refer to drawing No. M-9030.
7. Methods of handling waste disposal.
The location and size of the sump pit and garbage pit are shown on Drawing No. M-11138.
8. Location of camps.
Clay Basin camp is located in the NW $\frac{1}{4}$ of Section 21, T.3N., R.24E.
9. Location of airstrips.
There is an existing airstrip in the Clay Basin field. Refer to drawing No. M-9030.
10. Location layout to include position of the rig, mud tanks, reserve pits, burn pits, pipe racks, etc.
Refer to drawing No. M-11138.
11. Plans for restoration of the surface.
After drilling operations, the well site will be cleared and cleaned and all sumps filled in. Should the well be a dry hole, the access road and well site will be abandoned and surfaces restored to the extent practicable and seeded. Should the well be a producer, areas of non-use will be restored and seeded.
12. Any other information which the Approving Official considers essential to his assessment of the impact on the environment.
The location lies between two large washes and is in the bottom of a small canyon. The vegetation consists mostly of greasewood bushes. The access road is located along an old trail down the canyon along the south side of a wash. Mr. Dan Gardner of the Vernal Bureau of Land Management office inspected the site on June 1, 1972, and indicated approval of our plans for the well site and access road.

cc: P. ~~Shannon~~ (4)
D. E. Dallas
A. A. Pentila
J. B. Carricaburu
Dan Gardner

Signed


Civil Engineer

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL ☒DEEPEN ☐PLUG BACK ☐

b. TYPE OF WELL

OIL
WELL ☐GAS
WELL ☒

OTHER

SINGLE
ZONE ☐MULTIPLE
ZONE ☐

2. NAME OF OPERATOR

Mountain Fuel Supply Company

3. ADDRESS OF OPERATOR

P. O. Box 1129, Rock Springs, Wyoming 82901

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*)

At surface

2015' FSL, 1823' FEL NW SE

At proposed prod. zone

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

40 miles south of Rock Springs, Wyoming

15. DISTANCE FROM PROPOSED*

LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT.
(Also to nearest drig. unit line, if any)

503'

16. NO. OF ACRES IN LEASE

320

17. NO. OF ACRES ASSIGNED
TO THIS WELL

18. DISTANCE FROM PROPOSED LOCATION*

TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT.2300
Unit 3

19. PROPOSED DEPTH

5570

20. ROTARY OR CABLE TOOLS

Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)

GR 6482' as graded

22. APPROX. DATE WORK WILL START*

June 30, 1973

23.

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
13-3/4	9-5/8	32.3	300	323
7-7/8	4-1/2	11.6	to be determined	

We would like to drill the subject well to an estimated depth of 5570', anticipated formation tops are as follows: Mancos at the surface, Frontier at 5350' and Mowry at 5550'.

Blow out preventers will be checked daily and mud will be adequate to contain formation fluids.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24.

SIGNED

BAW Goff

TITLE

Vice President,
Gas Supply Operations

DATE

June 18, 1973

(This space for Federal or State office use)

PERMIT NO.

43-009-30010

APPROVAL DATE

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions On Reverse Side

June 22, 1973

Mountain Fuel Supply Company
Box 1129
Rock Springs, Wyoming 82901

Re: Clay Basin Unit #22,
Sec. 16, T. 3 N, R. 24 E,
Daggett County, Utah

Gentlemen:

Insofar as this office is concerned, approval to drill the above referred to well is hereby granted in accordance with the General Rules and Regulations and Rules of Practice and Procedure. However, said approval will be conditional upon your company filing a drilling and plugging bond with the Utah State Division of State Lands, 105 State Capitol Building, Salt Lake City, Utah.

Should you determine that it will be necessary to plug and abandon this well, you are hereby requested to immediately notify the following:

PAUL W. BURCHELL-Chief Petroleum Engineer
HOME: 277-2890
OFFICE: 328-5771

Enclosed please find Form OGC-8-X, which is to be completed whether or not water sands (aquifers) are encountered during drilling. Your cooperation relative to the above will be greatly appreciated.

The API number assigned to this well is 43-009-30010.

Very truly yours,

DIVISION OF OIL & GAS CONSERVATION

CLEON B. FEIGHT
DIRECTOR

CBF:sd
cc: Division of State Lands

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

State of Utah ML-807

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME Clay Basin Unit	
2. NAME OF OPERATOR Mountain Fuel Supply Company		8. FARM OR LEASE NAME Unit Well	
3. ADDRESS OF OPERATOR P. O. Box 1129, Rock Springs, Wyoming 82901		9. WELL NO. 22	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2015' FSL, 1823' FEL NW SE		10. FIELD AND POOL, OR WILDCAT Clay Basin	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NW SE 16-3N-24E	
14. PERMIT NO. 43-009-30010	15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR 6482'	12. COUNTY OR PARISH Daggett	13. STATE Utah

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Supplementary history

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Depth 1965', drilling.

Spudded July 7, 1973, ran 9-5/8" surface casing.

18. I hereby certify that the foregoing is true and correct

SIGNED

BW Croft

TITLE

Vice President,
Gas Supply Operations

DATE

July 11, 1973

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

State of Utah ML-807

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1.

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Mountain Fuel Supply Company

3. ADDRESS OF OPERATOR

P. O. Box 1129, Rock Springs, Wyoming 82901

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

2015' FSL, 1823' FEL NW SE

7. UNIT AGREEMENT NAME

Clay Basin Unit

8. FARM OR LEASE NAME

Unit Well

9. WELL NO.

22

10. FIELD AND POOL, OR WILDCAT

Clay Basin

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

NW SE 16-3N-24E

14. PERMIT NO.

43-009-30010

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

GR 6482'

12. COUNTY OR PARISH

Daggett

13. STATE

Utah

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐
☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐
☐

REPAIRING WELL

☐
☐
☐
☒

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Supplementary history

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Depth 4950', drilling.

18. I hereby certify that the foregoing is true and correct

SIGNED

BW Croft

TITLE

Vice President,

Gas Supply Operations

DATE

July 18, 1973

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

State of Utah ML-807

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME Clay Basin Unit	
2. NAME OF OPERATOR Mountain Fuel Supply Company		8. FARM OR LEASE NAME Unit Well	
3. ADDRESS OF OPERATOR P. O. Box 1129, Rock Springs, Wyoming 82901		9. WELL NO. 22	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2015' FSL, 1823' FEL NW SE		10. FIELD AND POOL, OR WILDCAT Clay Basin - Frontier	
14. PERMIT NO. 43-009-30010		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NW SE 16-3N-24E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) KB 6493' GR 6482'		12. COUNTY OR PARISH Daggett	
		13. STATE Utah	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Supplementary history

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

TD 5620', PBD 5576', well shut in.

Landed 9-5/8" surface casing at 327.66' and set with 325 sacks of cement.

DST #1: 5413-5460', Frontier, IO 1/2 hr, ISI 1 hr, FO 2 hrs, FSI 3-3/4 hrs, opened strong, no gas, reopened, 1/2 hr 19 Mcf, 1 hr 21 Mcf, 2 hrs 21 Mcf, recovered 100' gas cut mud, IHP 2660, IOFP's 38-56, ISIP 2377, FOFP's 38-75, FSIP 2377, FHP 2641.

DST #2: 5473-5530', Frontier, IO 1/2 hr, ISI 1 1/2 hrs, FO 190 minutes, FSI 5 hrs, opened strong, gas in 28 minutes not enough to gauge, reopened, 1/2 hr 101 Mcf, 1 hr 153 Mcf, 2 hrs 231 Mcf, 3 hrs 275 Mcf, recovered 330' gas cut mud.

IHP 2778, IOFP's 112-93, ISIP 2077, FOFP's 65-140, FSIP 2077, FHP 2678.

Landed 4 1/2" casing at 5601.21' and set with 332 sacks of cement, rig released 7-24-73.

Rigged up work over unit on 7-26-73, perforated the following intervals with 2 holes per foot: 5406-5414', 5464-5472' and 5479-5507', sand oil fraced using 39,000 gallons treated drip oil and 1/2 to 1 ppg 20-40 mesh sand.

At end of test well making 2930 Mcf of gas per day through 25/64" choke, FTP 675, CP 1000, sep. 350, rig released 8-1-73.

Final report.

18. I hereby certify that the foregoing is true and correct

SIGNED

BW Croft

TITLE

Vice President,

Gas Supply Operations

DATE August 7, 1973

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

5. LEASE DESIGNATION AND SERIAL NO.

State of Utah ML-807

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Clay Basin

8. FARM OR LEASE NAME

Unit Well

9. WELL NO.

22

10. FIELD AND POOL, OR WILDCAT

Clay Basin - Frontier

11. SEC., T., R., M., OR BLOCK AND SURVEY
OR AREA

NW SE 16-3N-24E

12. COUNTY OR

PARISH

Daggett

13. STATE

Utah

19. ELEV. CASINGHEAD

-

23. INTERVALS

DRILLED BY

0-5620'

CABLE TOOLS

-

25. WAS DIRECTIONAL
SURVEY MADE

No

27. WAS WELL CORED

No

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other _____

b. TYPE OF COMPLETION:

NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____

2. NAME OF OPERATOR

Mountain Fuel Supply Company

3. ADDRESS OF OPERATOR

P. O. Box 1129, Rock Springs, Wyoming 82901

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface 2015' FSL, 1823' FEL NW SE

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

43-009-130010

15. DATE SPUDDED

7-7-73

16. DATE T.D. REACHED

7-23-73

17. DATE COMPL. (Ready to prod.)

8-1-73

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*

KB 6493'

GR 6482'

19. ELEV. CASINGHEAD

-

20. TOTAL DEPTH, MD & TVD

5620'

21. PLUG, BACK T.D., MD & TVD

5576'

22. IF MULTIPLE COMPL.,
HOW MANY*23. INTERVALS
DRILLED BY

ROTARY TOOLS

CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

5406-5414', 5464-5472', 5479-5507' Frontier

25. WAS DIRECTIONAL
SURVEY MADE

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

Densilog, Dual Induction Focused

27. WAS WELL CORED

No

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
9-5/8	47	327.66	12-1/4	325	0
4-1/2	11.6	5601.21	7-7/8	332	0

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-3/8	5355.89'	

31. PERFORATION RECORD (Interval, size and number)

5406-5414', 5464-5472', 5479-5507', jet,
2 holes per foot

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
5406-5507'	39,000 gallons treated drip oil, 1/2 to 1 ppg 20-40 mesh sand

33.*

PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)					WELL STATUS (Producing or shut-in)	
Shut in		Flowing					Shut in	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO	
8-1-73	11	25/64"	→					
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)		
675	1000	→	1	2930	1			

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

Vented while testing.

TEST WITNESSED BY

35. LIST OF ATTACHMENTS

Logs as above, Well Completion and Well Lithology to be sent at a later date.

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

Vice President,

SIGNED

Bw Croft

TITLE

Gas Supply Operations

DATE

August 7, 1973

*(See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions. If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES:

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

EXHIBIT OF DISCOVERIES, FINDINGS, AND RECOVERIES			
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.

38. GEOLOGIC MARKERS

NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH
Log tops:		
Mancos	0'	
Frontier	5390	
Mowry	5590	

71
PMB

COMPLETION REPORT

Well: Clay Basin Unit Well No. 22 Date: September 18, 1973
Area: Clay Basin Lease No: ML-807

☐ New Field Wildcat ☒ Development Well ☐ Shallower Pool Test
☐ New Pool Wildcat ☐ Extension ☐ Deeper Pool Test

Location: 1823 feet from East line, 2015 feet from South line
NW $\frac{1}{4}$ SE $\frac{1}{4}$

Section 16, Township 3 North, Range 24 East

County: Daggett State: Utah

Operator: Mountain Fuel Supply Company

Elevation: KB 6493' Gr 6482' Total Depth: Driller 5620' Log 5602'

Drilling Commenced: July 7, 1973 Drilling Completed: July 23, 1973

Rig Released: July 24, 1973 Well Completed: August 1, 1973

Sample Tops: (unadjusted)

Log Tops:

Mancos Surface
Frontier 5402'
Mowry 5590'

Mancos Surface
Frontier 5389'
Mowry 5592'

Sample Cuttings: 10-foot samples from 4800 feet to total depth
one wet cut stored at core lab, Rock Springs, Wyoming

Status: Gas well

Producing Formation: Frontier

Perforations: 5406-5414'; 5464-5472'; with two holes per foot

Stimulation: 30,000 gallons of treated drip oil and sand mixture

Production: I.P. 2930; FTP 675; CP 1000

Plug Back Depth: 5576' KBM

Plugs: One at 5576 feet to total depth

Hole Size: 12-1/4" to 340 feet; 7-7/8" to 5620 feet

Casing/Tubing: 9-5/8" casing to 327.66 feet with 325 sacks; 4-1/2" casing to 5601 feet;
2-3/8" tubing to 5346.89 feet

Logging - Mud: None

Mechanical: DIF from 327 feet to 5599 feet; FDC from 327 feet to 5599 feet;
"F" Density from 327 feet to 5599 feet

Contractor: Chandler and Associates

Completion Report Prepared by: G. G. Francis

Remarks:

COMPLETION REPORT (cont.)

Page 2,

Well: Clay Basin No. 22

Area: Clay Basin

Cored Intervals (recovery): None

Tabulation of Drill Stem Tests:

<u>No.</u>	<u>Interval</u>	<u>IHP</u>	<u>IFP (min.)</u>	<u>ISIP (min.)</u>	<u>FFP (min.)</u>	<u>FSIP (min.)</u>	<u>FHP</u>	<u>Samples Caught</u>	<u>Remarks</u>
1	5413-5460	2679	43-53 (29)	2382 (60)	42-56 (120)	2409 (227)	2659	Gas	GTS, 21 Mcf, Rec. 100' SGCM
2	5473-5530	2702	93-93 (29)	2074 (91)	53-154 (188)	2080 (302)	2680	Gas	GTS, 275 Mcf, Rec. 330' GCM (4.57 damage ratio)

FP



MOUNTAIN FUEL SUPPLY COMPANY

180 EAST FIRST SOUTH • P. O. BOX 11368 • SALT LAKE CITY, UTAH 84139 • PHONE (801) 534-5555

April 10, 1984

Working Interest Owners
Clay Basin Unit
Daggett County, Utah and
Sweetwater County, Wyoming


Gentlemen:

Mountain Fuel Supply Company, as designated operator of the Clay Basin Unit, hereby resigns as Unit Operator under the provisions of Section 4 of the Unit Agreement subject to: WEXPRO Company being designated successor Unit Operator by the committed working interest owners and approval by the Bureau of Land Management.

WEXPRO Company, a wholly owned second tier subsidiary company of Mountain Fuel Supply Company, has assumed all of the development and producing operations of Mountain Fuel. Office and operating personnel have been transferred to WEXPRO so there will be no physical change in operations.

MOUNTAIN FUEL SUPPLY COMPANY

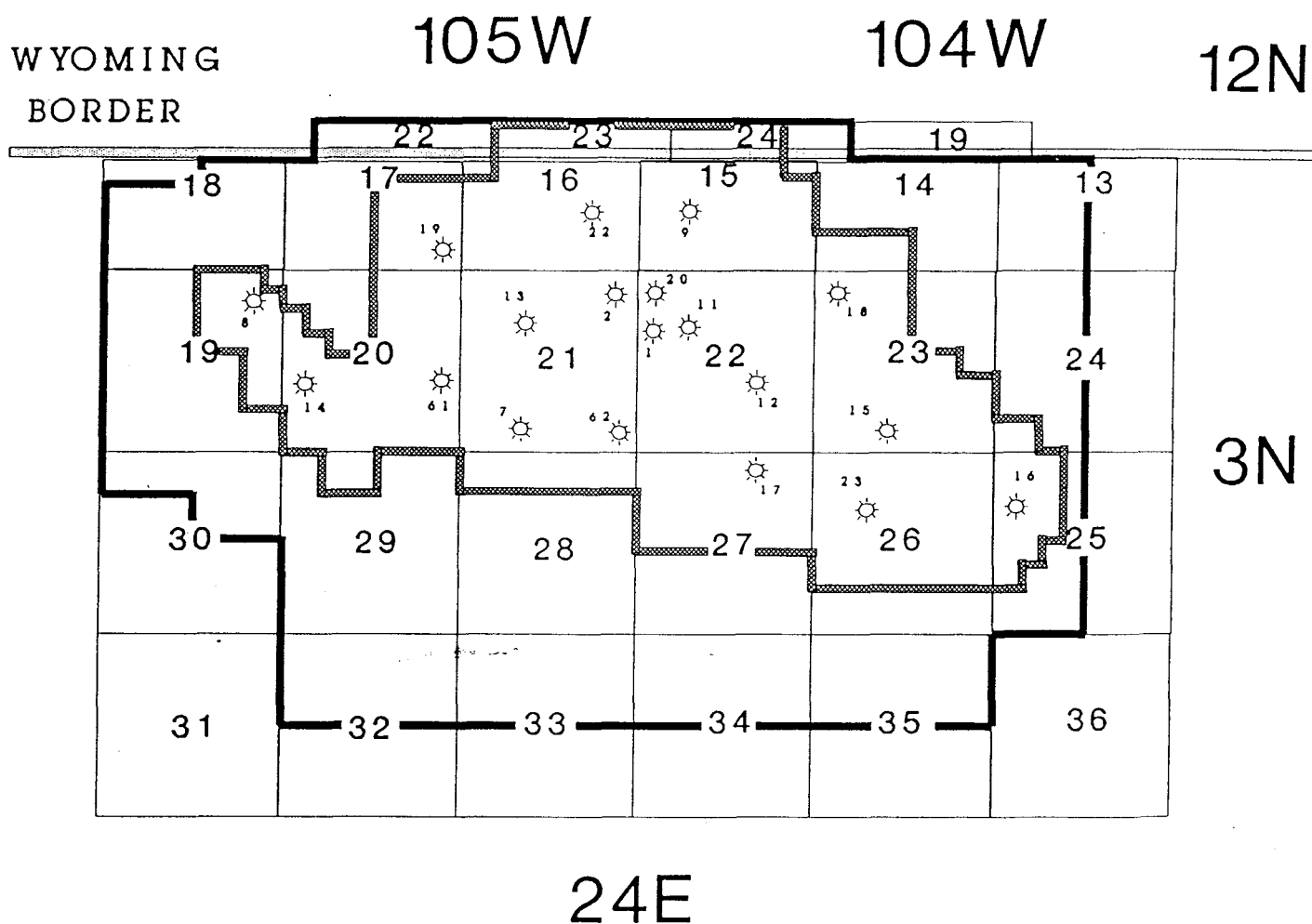
BY:


W. F. Edwards
Vice President

cc: Mr. E. W. Gynn
Chief, Branch of Fluid Minerals
Bureau of Land Management
136 East South Temple
University Club Building, 11th Floor
Salt Lake City, UT 84111

CLAY BASIN UNIT

Daggett County, Utah



— UNIT OUTLINE (UTU63009X)
 — FRONTIER PA

11,162.43 ACRES

FRONTIER PA ALLOCATION	
FEDERAL	82.17194%
STATE	9.63096%
FEE	8.19710%
4,765.64 Acres	



United States Department of the Interior

IN REPLY REFER TO

BUREAU OF LAND MANAGEMENT
UTAH STATE OFFICE
136 E. SOUTH TEMPLE
SALT LAKE CITY, UTAH 84111

April 26, 1984

WEXPRO Company
P.O. Box 11368
Salt Lake City, Utah 84139

Re: Successor Unit Operator
Clay Basin Unit
Daggett County, Utah and
Sweetwater County, Wyoming

Gentlemen:

On April 26, 1984, we received an indenture dated April 10, 1984, whereby Mountain Fuel Supply Company resigned as Unit Operator and WEXPRO Company is accepted as Successor of Unit Operator for the Clay Basin Unit Agreement, Daggett County, Utah and Sweetwater County, Wyoming.

The indenture was executed by both parties. The signatory parties have complied with Section 6 of the unit agreement. The instrument is hereby accepted effective as of April 26, 1984. Please advise all interested parties of the change in unit operator.

Sincerely,

E. W. Guynn
Chief, Branch of Fluid Minerals

Enclosure

RECEIVED
APR 30 1984

WEXPRO COMPANY
LANDS & LEASING

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

SUBMIT IN TRIPLICATE*
(Other instructions on
reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> 2. NAME OF OPERATOR Wexpro Company 3. ADDRESS OF OPERATOR P.O. Box 458, Rock Springs, Wyoming 82902 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface NW SE, 2015' FSL, 1823' FEL		5. LEASE DESIGNATION AND SERIAL NO. ML - 807 6. IF INDIAN, ALLOTTEE OR TRIBE NAME --- 7. UNIT AGREEMENT NAME Clay Basin 8. FARM OR LEASE NAME Unit 9. WELL NO. 22 10. FIELD AND POOL, OR WILDCAT Clay Basin 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 16-3N-24E, SLB & M 12. COUNTY OR PARISH Daggett 13. STATE Utah
14. PERMIT NO. 43-009-30010	15. ELEVATIONS (Show whether OF, RT, GR, etc.) KB 6493' GR 6482'	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> SHOOT OR ACIDIZE <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> (Other) <u>Install Pit</u>	PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETE <input type="checkbox"/> ABANDON* <input type="checkbox"/> CHANGE PLANS <input checked="" type="checkbox"/>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREATMENT <input type="checkbox"/> SHOOTING OR ACIDIZING <input type="checkbox"/> (Other) _____	REPAIRING WELL <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> ABANDONMENT* <input type="checkbox"/>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Wexpro Company intends to install a lined production pit on the above well location as per the attached schematic. This pit will replace the present unlined production pit. No more than 5 barrels of water per day on a monthly basis will be produced to this pit. Produced water is from the Frontier formation. The evaporation rate compensated for annual rainfall is 40-inches per year. The estimated percolation rate is 46-inches per year. The pit will be lined with six-inches of trowal finished concrete in the bottom and four-inches of bentonite on top of the concrete. The pit will be constructed from a ten-gauge steel culvert. The bond between the tank and concrete and all piping coming through the concrete will be caulked with a material that will not deteriorate from condensate, hydrocarbons, etc. No underground monitor system will be installed. A water analysis and site facility diagram are attached for your information.

Please refer to the site facility drawing for the placement of the proposed pit. The pit will be constructed on the cut area of the location. The present pit will be reclaimed.

**APPROVED BY THE STATE
OF UTAH DIVISION OF
OIL, GAS, AND MINING**

DATE: 7-5-90
BY: [Signature]

18. I hereby certify that the foregoing is true and correct

SIGNED [Signature]

TITLE

District Manager

DATE 6/27/90

(This space for Federal or State office use)

APPROVED BY _____

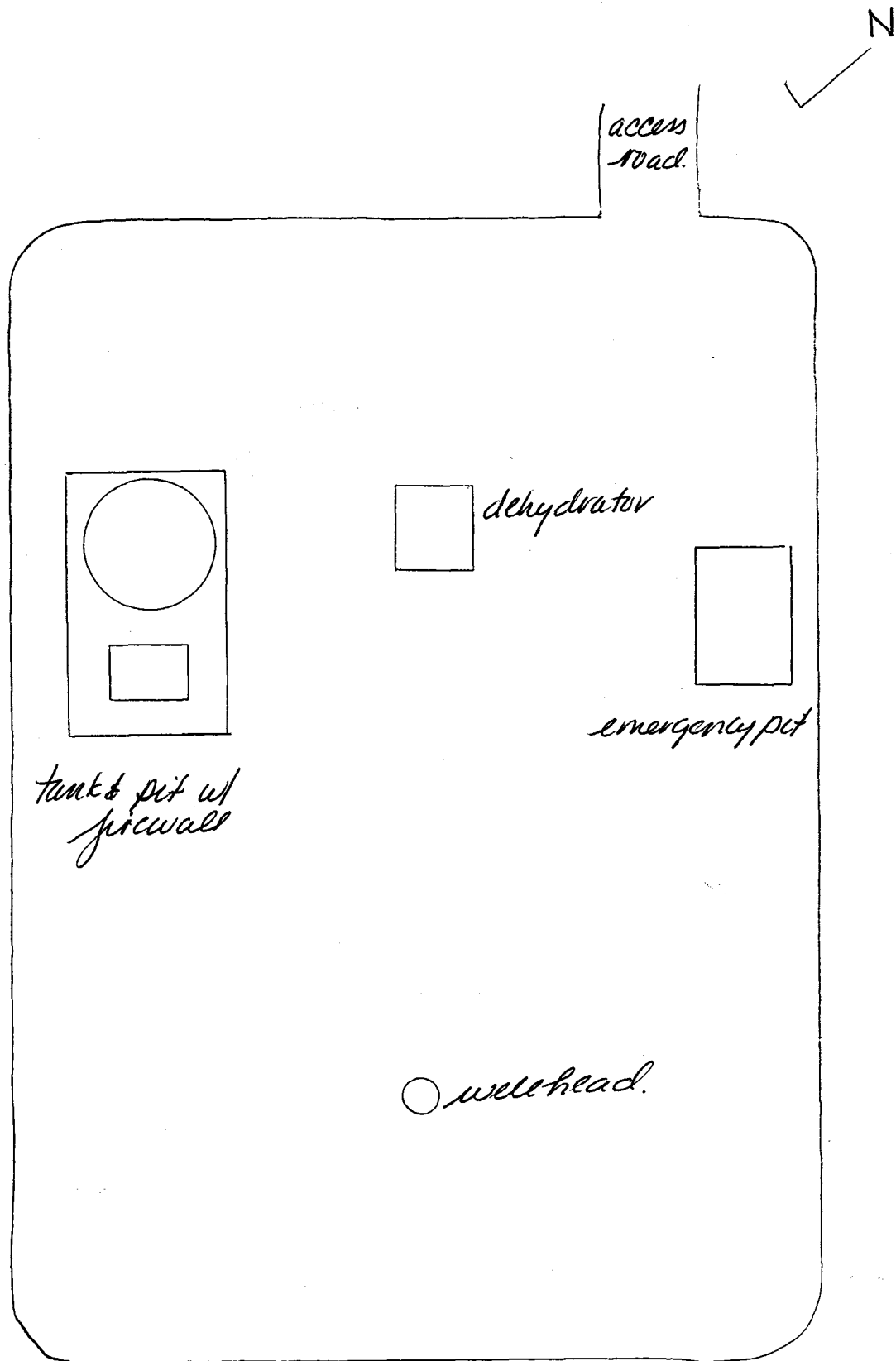
TITLE _____

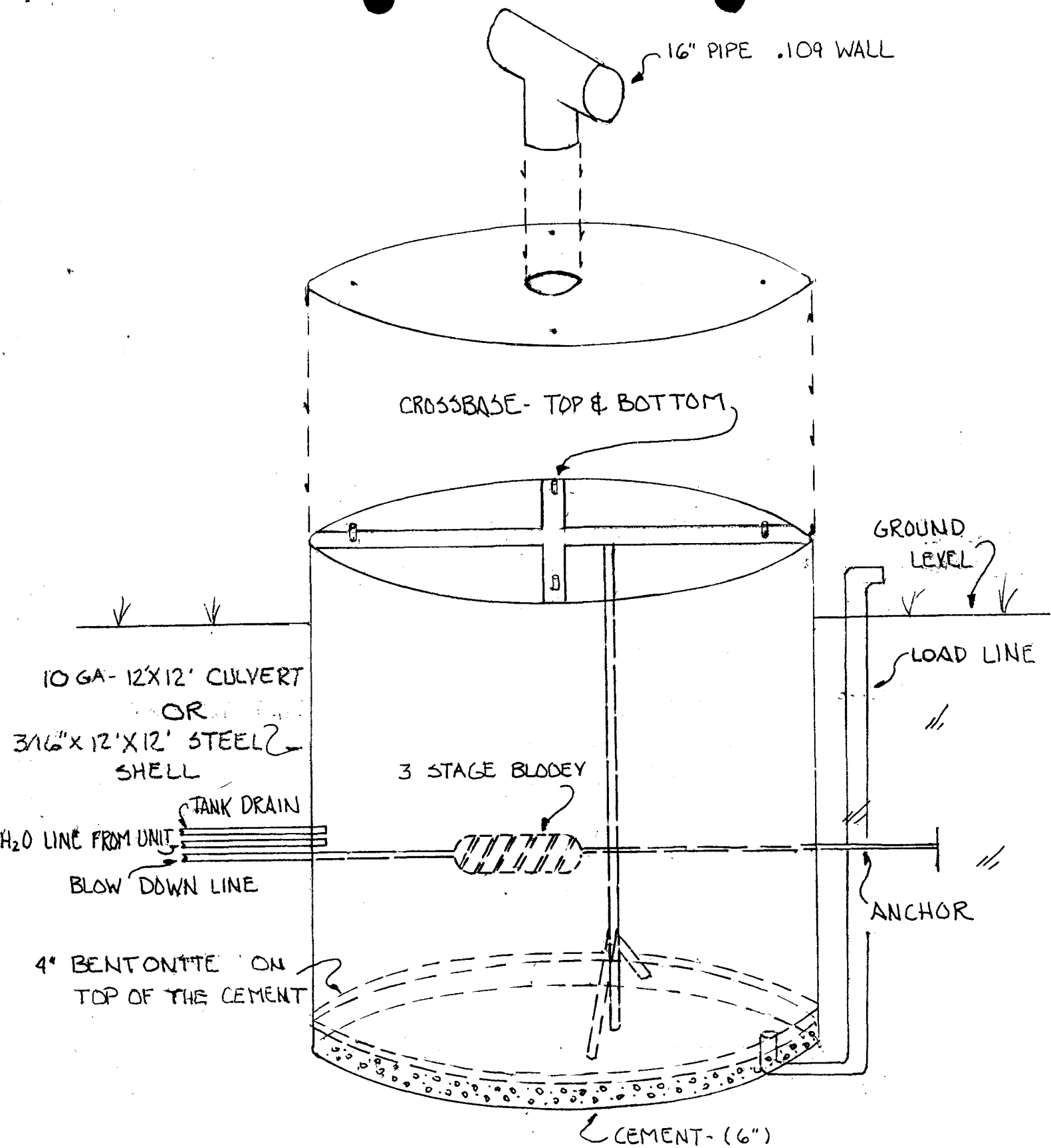
DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Clay Basin Unit #22 Loc 16, 3N, 24E

Khody. 14 June 88





VOLUME = 228 BBL

ROCK SPRINGS GAS LABORATORY WATER ANALYSIS REPORT

TO Mark Hackford
Cathy Flansburg
FIELD Clay Basin

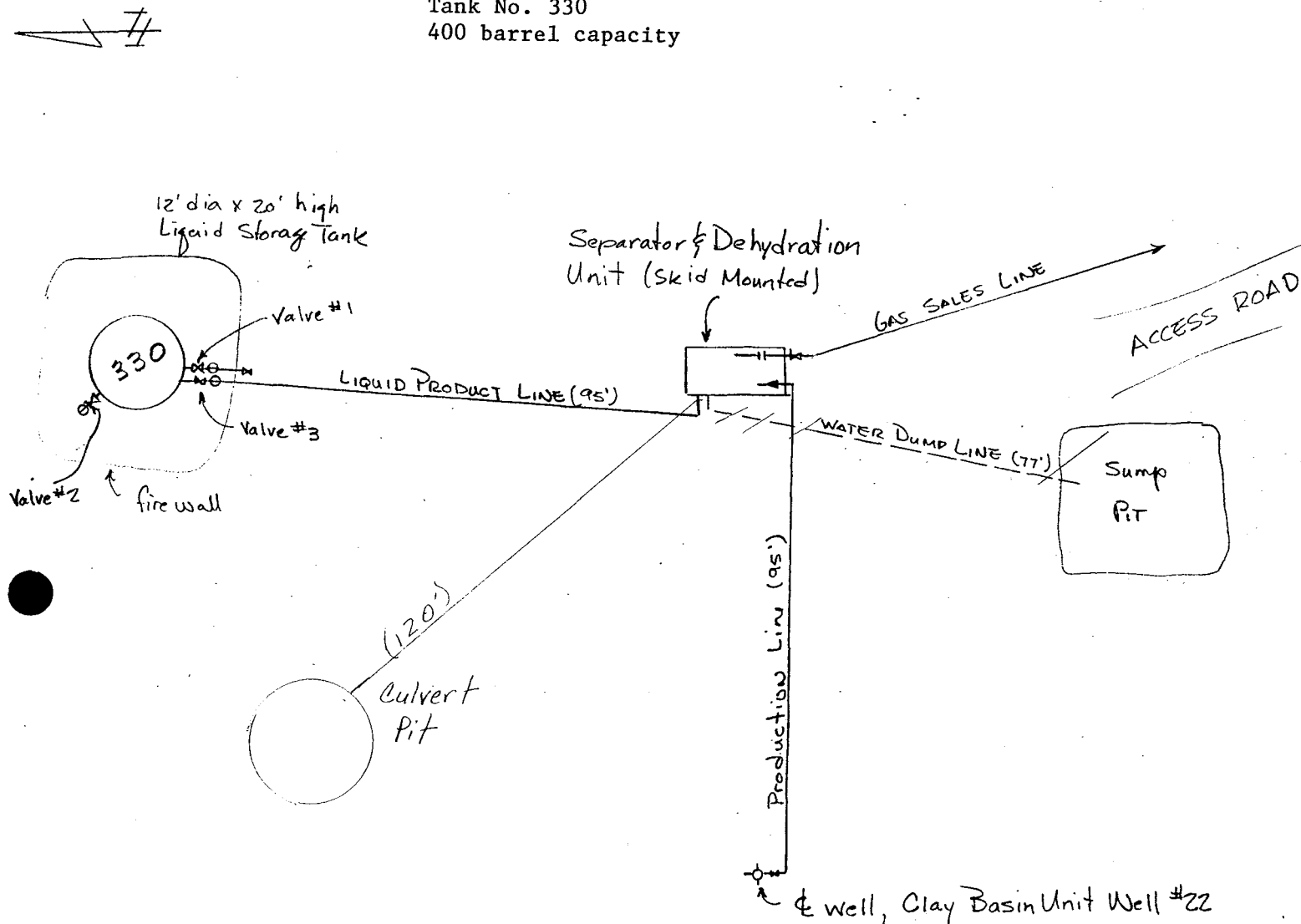
DATE 2/3/88
ANALYST Tomich

WELL	Well #19 (Frontier)	Well #20 (Frontier)	Well #22 (Frontier)	Well #23 (Frontier)
pH	<u>5.31</u>	<u>5.24</u>	<u>6.01</u>	<u>6.72</u>
Resistivity				
Ohm meters _____ F				
CATIONS				
Sodium, Na	<u>57 ppm</u>	<u>1 ppm</u>	<u>2 ppm</u>	<u>42 ppm</u>
Calcium, Ca	<u>14 ppm</u>	<u>6 ppm</u>	<u>9 ppm</u>	<u>86 ppm</u>
Magnesium, Mg	<u>3 ppm</u>	<u>4 ppm</u>	<u>2 ppm</u>	<u>23 ppm</u>
Barium, Ba				
ANIONS				
Chloride, Cl	<u>98 ppm</u>	<u>18 ppm</u>	<u>19 ppm</u>	<u>220 ppm</u>
Sulfate, SO ₄	<u>0 ppm</u>	<u>0 ppm</u>	<u>0 ppm</u>	<u>0 ppm</u>
Carbonate, CO ₃	<u>0 ppm</u>	<u>0 ppm</u>	<u>0 ppm</u>	<u>0 ppm</u>
Bicarbonate, HCO ₃	<u>17 ppm</u>	<u>10 ppm</u>	<u>11 ppm</u>	<u>109 ppm</u>
TOTAL DISSOLVED SOLID	<u>200 ppm</u>	<u>48 ppm</u>	<u>43 ppm</u>	<u>560 ppm</u>
Iron, Fe	<u>5 ppm</u>	<u>3.2 ppm</u>	<u>2.9 ppm</u>	<u>244 ppm</u>
Manganese, Mn				

REMARKS :
1.) Sampled 1-17-88.
2.) Sampled 1-17-88.
3.) Sampled 1-17-88
4.) Sampled 1-16-88

WEXPRO COMPANY, OPERATOR
 Clay Basin Unit Well No. 22
 NW SE Sec. 16, T3N R24E
 Daggett County, Utah
 ML-807 (State Owned Lease)

Tank No. 330
 400 barrel capacity



- VALVE NO. 1 Sealed closed for production.
 Open only during sales.
- VALVE NO. 2 Sealed closed. Open only to drain BS&B
- VALVE NO. 3 Sealed open for production.
 Closed only during sales

LEGEND

- | | | | |
|-------|-----------|------|-------------------------------|
| — — — | GAS METER | ---- | INTERMITTENT WATER VAPOR LINE |
| —▶— | CHOKE | —○— | SEAL |
| —X— | VALVE | | |

STATE OF UTAH
DIVISION OF OIL, GAS AND MINING

1594 West North Temple, Suite 1210, PO Box 145801, Salt Lake City, UT 84114-5801

Page 2 of 5

MONTHLY OIL AND GAS PRODUCTION REPORT

OPERATOR NAME AND ADDRESS:

JOHN JOOSTEN
WEXPRO COMPANY
PO BOX 11070
SALT LAKE CITY UT 84147

UTAH ACCOUNT NUMBER: N1070

REPORT PERIOD (MONTH/YEAR): 9 / 96

AMENDED REPORT ☐ (Highlight Changes)

Well Name			Producing Zone	Well Status	Days Oper	Production Volumes		
API Number	Entity	Location				OIL(BBL)	GAS(MCF)	WATER(BBL)
✓ CLAY BASIN UNIT 14								
4300915638	01025	03N 24E 20	FRTR					
✓ CLAY BASIN UNIT 15								
4300915639	01025	03N 24E 23	FRTR					
✓ CLAY BASIN UNIT #16								
4300930003	01025	03N 24E 25	FRTR					
✓ CLAY BASIN UNIT #17								
4300930004	01025	03N 24E 27	FRTR					
✓ CLAY BASIN UNIT #18								
4300930006	01025	03N 24E 23	FRTR					
✓ CLAY BASIN UNIT #20								
4300930007	01025	03N 24E 22	FRTR					
✓ CLAY BASIN UNIT #19								
4300930008	01025	03N 24E 17	FRTR					
✓ CLAY BASIN UNIT #23								
4300930009	01025	03N 24E 26	FRTR					
→ CLAY BASIN UNIT #22 ←								
4300930010	01025	03N 24E 16	FRTR			ML-807		
✓ CLAY BASIN UNIT #61								
4300930060	01025	03N 24E 20	FRTR					
✓ CLAY BASIN UNIT #62								
4300930061	01025	03N 24E 21	FRTR					
CARTER-LEVERTON STATE 1								
4303710529	01031	33S 26E 32	ISMY					
PIUTE KNOLL #1								
4303730097	01032	33S 25E 26	ISMY					
TOTALS								

COMMENTS: _____

I hereby certify that this report is true and complete to the best of my knowledge.

Date: _____

Name and Signature: _____

Telephone Number: _____

OPERATOR CHANGE WORKSHEET

Routing		
1-LEC	6-LEC	
2-GLH	7-KDR	
3-DTS	8-SJ	
4-VLD	9-FILE	
5-RJF		

Attach all documentation received by the division regarding this change.

Initial each listed item when completed. Write N/A if item is not applicable.

- ☒ Change of Operator (well sold) ☐ Designation of Agent
☐ Designation of Operator ☐ Operator Name Change Only

The operator of the well(s) listed below has changed, effective: 4-26-84

TO: (new operator) WEXPRO COMPANY
 (address) PO BOX 11070
SALT LAKE CITY UT 84147

Phone: (801) 530-2586

Account no. N1070

FROM: (old operator) MOUNTAIN FUEL SUPPLY CO
 (address) 180 E 100 S
SALT LAKE CITY UT 84139

Phone: (801) 534-5267

Account no. N0680

WELL(S) attach additional page if needed:

*CLAY BASIN UNIT

Name: **SEE ATTACHED**	API: _____	Entity: _____	S _____	T _____	R _____	Lease: _____
Name: _____	API: _____	Entity: _____	S _____	T _____	R _____	Lease: _____
Name: _____	API: _____	Entity: _____	S _____	T _____	R _____	Lease: _____
Name: _____	API: _____	Entity: _____	S _____	T _____	R _____	Lease: _____
Name: _____	API: _____	Entity: _____	S _____	T _____	R _____	Lease: _____
Name: _____	API: _____	Entity: _____	S _____	T _____	R _____	Lease: _____
Name: _____	API: _____	Entity: _____	S _____	T _____	R _____	Lease: _____

OPERATOR CHANGE DOCUMENTATION

- N/A 1. (r649-8-10) Sundry or other legal documentation has been received from the **FORMER** operator (attach to this form). ** See Comments.*
- N/A 2. (r649-8-10) Sundry or other legal documentation has been received from the **NEW** operator (Attach to this form). ** See Comments.*
- N/A 3. The Department of Commerce has been contacted if the new operator above is not currently operating any wells in Utah. Is the company registered with the state? (yes/no) _____. If yes, show company file number: _____.
- Yes 4. **FOR INDIAN AND FEDERAL WELLS ONLY.** The BLM has been contacted regarding this change. Make note of BLM status in comments section of this form. BLM approval of Federal and Indian well operator changes should ordinarily take place prior to the division's approval, and before the completion of steps 5 through 9 below.
- N/A 5. Changes have been entered in the Oil and Gas Information System (3270) for each well listed above. ** See Comments.*
- N/A 6. Cardex file has been updated for each well listed above. ** See Comments.*
- Yes 7. Well file labels have been updated for each well listed above. (11-6-96)
- N/A 8. Changes have been included on the monthly "Operator, Address, and Account Changes" memo for distribution to Trust Lands, Sovereign Lands, UGS, Tax Commission, etc. ** See Comments.*
- Yes 9. A folder has been set up for the Operator Change file, and a copy of this page has been placed there for reference during routing and processing of the original documents.

ENTITY REVIEW

- Yes 1. (r649-8-7) Entity assignments have been reviewed for all wells listed above. Were entity changes made? (yes/no) no If entity assignments were changed, attach copies of Form 6, Entity Action Form.
- N/A 2. Trust Lands, Sovereign Lands, Tax Commission, etc., have been notified through normal procedures of entity changes.

BOND VERIFICATION - (FEE WELLS ONLY)

- N/A 1. (r649-3-1) The NEW operator of any fee lease well listed above has furnished a proper bond.
- Yes 2. A copy of this form has been placed in the new and former operator's bond files.
3. The FORMER operator has requested a release of liability from their bond (yes/no) _____, as of today's date _____. If yes, division response was made to this request by letter dated _____.

LEASE INTEREST OWNER NOTIFICATION OF RESPONSIBILITY

- N/A 1. Copies of documents have been sent on _____ to _____ at Trust Lands for changes involving State leases, in order to remind that agency of their responsibility to review for proper bonding.

FILMING

- Yes 1. All attachments to this form have been microfilmed. Today's date: 12-30-96.

FILING

1. Copies of all attachments to this form have been filed in each well file.
2. The original of this form, and the original attachments are now being filed in the Operator Change file.

COMMENTS

961106 Doan Computer & Cardex updated 4/84.

Labels & well files being updated now; error caught by "Well Records".

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

FORM 9

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.

1. TYPE OF WELL OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER _____		5. LEASE DESIGNATION AND SERIAL NUMBER: ML-807
2. NAME OF OPERATOR: Wexpro Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME: N/A
3. ADDRESS OF OPERATOR: P.O. Box 458 CITY Rock Springs STATE WY ZIP 82902		7. UNIT or CA AGREEMENT NAME: Clay Basin
PHONE NUMBER: (307) 382-9791		8. WELL NAME and NUMBER: Clay Basin Unit 22
4. LOCATION OF WELL FOOTAGES AT SURFACE: 2015' FSL 1823' FEL		9. API NUMBER: 43-009-30010
QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: NESE 16 3N 24E		10. FIELD AND POOL, OR WILDCAT: Clay Basin/Frontier
COUNTY: Daggett		STATE: UTAH

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA			
TYPE OF SUBMISSION	TYPE OF ACTION		
<input type="checkbox"/> NOTICE OF INTENT (Submit in Duplicate) Approximate date work will start: _____	<input type="checkbox"/> ACIDIZE	<input type="checkbox"/> DEEPEN	<input type="checkbox"/> REPERFORATE CURRENT FORMATION
	<input type="checkbox"/> ALTER CASING	<input type="checkbox"/> FRACTURE TREAT	<input type="checkbox"/> SIDETRACK TO REPAIR WELL
	<input type="checkbox"/> CASING REPAIR	<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> TEMPORARILY ABANDON
	<input type="checkbox"/> CHANGE TO PREVIOUS PLANS	<input type="checkbox"/> OPERATOR CHANGE	<input type="checkbox"/> TUBING REPAIR
	<input type="checkbox"/> CHANGE TUBING	<input type="checkbox"/> PLUG AND ABANDON	<input type="checkbox"/> VENT OR FLARE
<input checked="" type="checkbox"/> SUBSEQUENT REPORT (Submit Original Form Only) Date of work completion: _____	<input type="checkbox"/> CHANGE WELL NAME	<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> WATER DISPOSAL
	<input type="checkbox"/> CHANGE WELL STATUS	<input checked="" type="checkbox"/> PRODUCTION (START/RESUME)	<input type="checkbox"/> WATER SHUT-OFF
	<input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS	<input type="checkbox"/> RECLAMATION OF WELL SITE	<input type="checkbox"/> OTHER: _____
	<input type="checkbox"/> CONVERT WELL TYPE	<input type="checkbox"/> RECOMPLETE - DIFFERENT FORMATION	

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

The above well resumed production on December 6, 2007, after being off more than 90 days.

NAME (PLEASE PRINT) <u>G.T. Nimmo</u>	TITLE <u>Operations Manager</u>
SIGNATURE <u>[Signature]</u>	DATE <u>12/11/2007</u>

(This space for State use only)

RECEIVED

DEC 14 2007

DIV. OF OIL, GAS & MINING

RECEIVED

JUN 06 2008

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

DIV. OF OIL, GAS & MINING

FORM 9

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.

1. TYPE OF WELL OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER _____		5. LEASE DESIGNATION AND SERIAL NUMBER: ML-807
2. NAME OF OPERATOR: Wexpro Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME: N/A
3. ADDRESS OF OPERATOR: PO Box 458 CITY Rock Springs STATE WY ZIP 82902		7. UNIT or CA AGREEMENT NAME: Clay Basin
4. LOCATION OF WELL FOOTAGES AT SURFACE: 2015' FSL 1823' FEL		8. WELL NAME and NUMBER: Clay Basin Unit 22
QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: NWSE 16 3N 24E		9. API NUMBER: 43 4900930010
PHONE NUMBER: (307) 382-9791		10. FIELD AND POOL, OR WILDCAT: Clay Basin/Frontier
COUNTY: Daggett		STATE: UTAH

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA			
TYPE OF SUBMISSION	TYPE OF ACTION		
<input checked="" type="checkbox"/> NOTICE OF INTENT (Submit in Duplicate) Approximate date work will start: 6/19/2008	<input type="checkbox"/> ACIDIZE	<input type="checkbox"/> DEEPEN	<input type="checkbox"/> REPERFORATE CURRENT FORMATION
<input type="checkbox"/> SUBSEQUENT REPORT (Submit Original Form Only) Date of work completion:	<input type="checkbox"/> ALTER CASING	<input type="checkbox"/> FRACTURE TREAT	<input type="checkbox"/> SIDETRACK TO REPAIR WELL
	<input type="checkbox"/> CASING REPAIR	<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> TEMPORARILY ABANDON
	<input type="checkbox"/> CHANGE TO PREVIOUS PLANS	<input type="checkbox"/> OPERATOR CHANGE	<input type="checkbox"/> TUBING REPAIR
	<input type="checkbox"/> CHANGE TUBING	<input type="checkbox"/> PLUG AND ABANDON	<input type="checkbox"/> VENT OR FLARE
	<input type="checkbox"/> CHANGE WELL NAME	<input type="checkbox"/> PLUG BACK	<input checked="" type="checkbox"/> WATER DISPOSAL
	<input type="checkbox"/> CHANGE WELL STATUS	<input type="checkbox"/> PRODUCTION (START/RESUME)	<input type="checkbox"/> WATER SHUT-OFF
	<input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS	<input type="checkbox"/> RECLAMATION OF WELL SITE	<input type="checkbox"/> OTHER: _____
	<input type="checkbox"/> CONVERT WELL TYPE	<input type="checkbox"/> RECOMPLETE - DIFFERENT FORMATION	

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

Water produced from the above well is being disposed of in the culvert pit as previously approved on 7/5/90. Excess production water will be hauled to the following State of Utah approved disposal sites:

R N Industries Sec 4-2S-2W - Bluebell
LaPoint Recycle & Storage Sec. 12-5S-19E - LaPoint
Dalbo, Inc Sec. 2-6S-20E - Vernal

All excess produced water will be hauled by tank truck over Unit, County and State roads.

Accepted by the
Utah Division of
Oil, Gas and Mining

COPY SENT TO OPERATOR

Date: 6-12-2008

Initials: KS

Date: 06-11-08

By: [Signature]

NAME (PLEASE PRINT) G.T. Nimmo

TITLE Operations Manager

SIGNATURE [Signature]

DATE 6/3/2008

(This space for State use only)

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

FORM 9

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.

1. TYPE OF WELL OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER _____		5. LEASE DESIGNATION AND SERIAL NUMBER: ML-807
2. NAME OF OPERATOR: Wexpro Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME: N/A
3. ADDRESS OF OPERATOR: P.O. Box 458 CITY Rock Springs STATE WY ZIP 82902		7. UNIT or CA AGREEMENT NAME: Clay Basin
4. LOCATION OF WELL FOOTAGES AT SURFACE: 2015' FSL 1823' FEL		8. WELL NAME and NUMBER: Clay Basin Unit 22
QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: NWSE 16 3N 24E		9. API NUMBER: 4300930010
COUNTY: Daggett		10. FIELD AND POOL, OR WILDCAT: Clay Basin/Frontier
STATE: UTAH		

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA			
TYPE OF SUBMISSION	TYPE OF ACTION		
<input type="checkbox"/> NOTICE OF INTENT (Submit in Duplicate) Approximate date work will start: _____	<input type="checkbox"/> ACIDIZE	<input type="checkbox"/> DEEPEN	<input type="checkbox"/> REPERFORATE CURRENT FORMATION
	<input type="checkbox"/> ALTER CASING	<input type="checkbox"/> FRACTURE TREAT	<input type="checkbox"/> SIDETRACK TO REPAIR WELL
	<input type="checkbox"/> CASING REPAIR	<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> TEMPORARILY ABANDON
	<input type="checkbox"/> CHANGE TO PREVIOUS PLANS	<input type="checkbox"/> OPERATOR CHANGE	<input type="checkbox"/> TUBING REPAIR
	<input type="checkbox"/> CHANGE TUBING	<input type="checkbox"/> PLUG AND ABANDON	<input type="checkbox"/> VENT OR FLARE
<input checked="" type="checkbox"/> SUBSEQUENT REPORT (Submit Original Form Only) Date of work completion: _____	<input type="checkbox"/> CHANGE WELL NAME	<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> WATER DISPOSAL
	<input type="checkbox"/> CHANGE WELL STATUS	<input type="checkbox"/> PRODUCTION (START/RESUME)	<input type="checkbox"/> WATER SHUT-OFF
	<input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS	<input type="checkbox"/> RECLAMATION OF WELL SITE	<input checked="" type="checkbox"/> OTHER: <u>Site Security Diagram</u>
	<input type="checkbox"/> CONVERT WELL TYPE	<input type="checkbox"/> RECOMPLETE - DIFFERENT FORMATION	

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

In accordance with Onshore Order No. 3, Site Security Regulations, submitted herewith is a site facilities diagram for the above well.

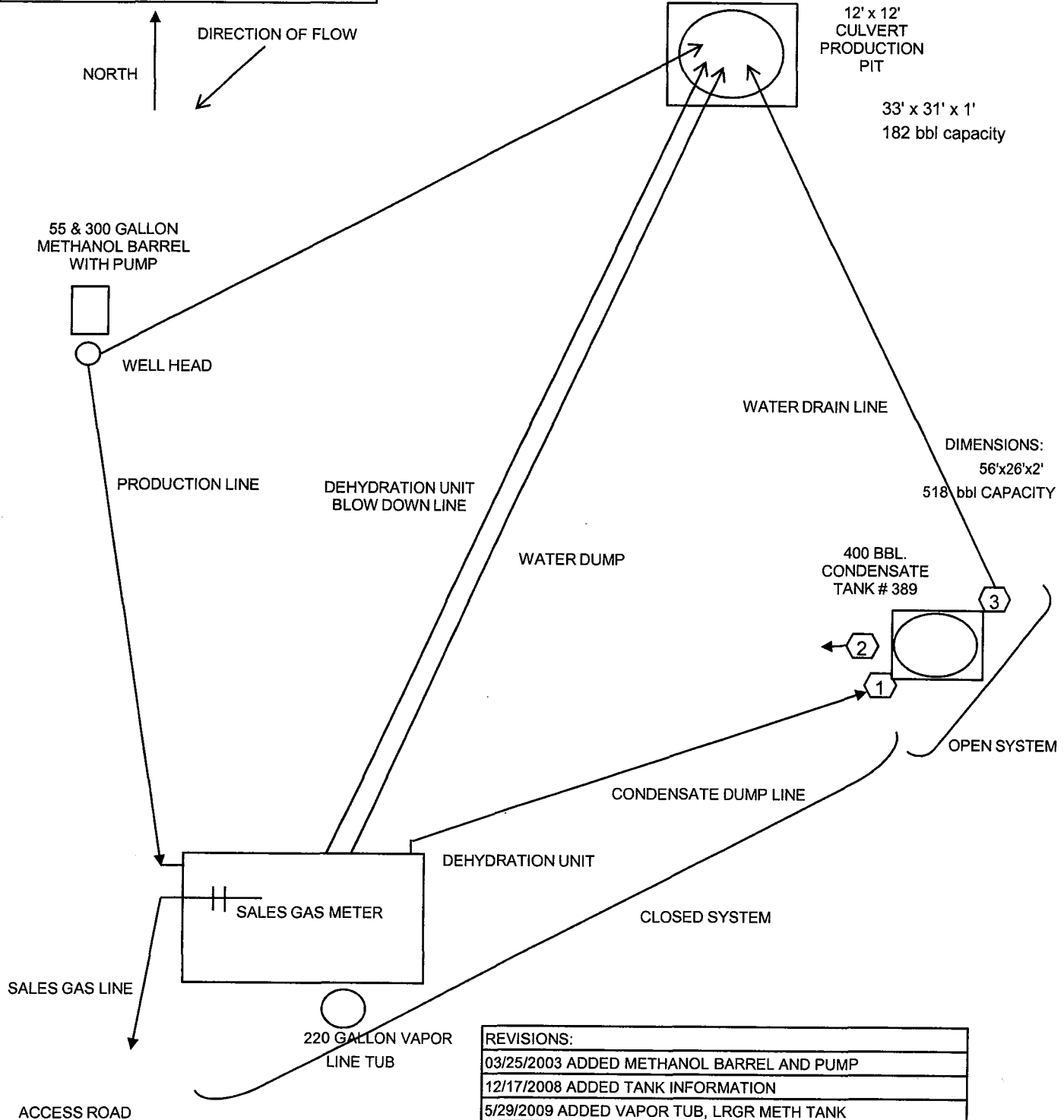
This site facility diagram is part of the Clay Basin Field Unit Plan. The Site Security Plan may be reviewed at the Wexpro Company, Rock Springs Field Office, Monday through Friday, 8:00 a.m. to 4:00 p.m.

NAME (PLEASE PRINT) <u>Paul Jibson</u>	TITLE <u>Associate Permit Agent</u>
SIGNATURE 	DATE <u>6/2/2009</u>

(This space for State use only)

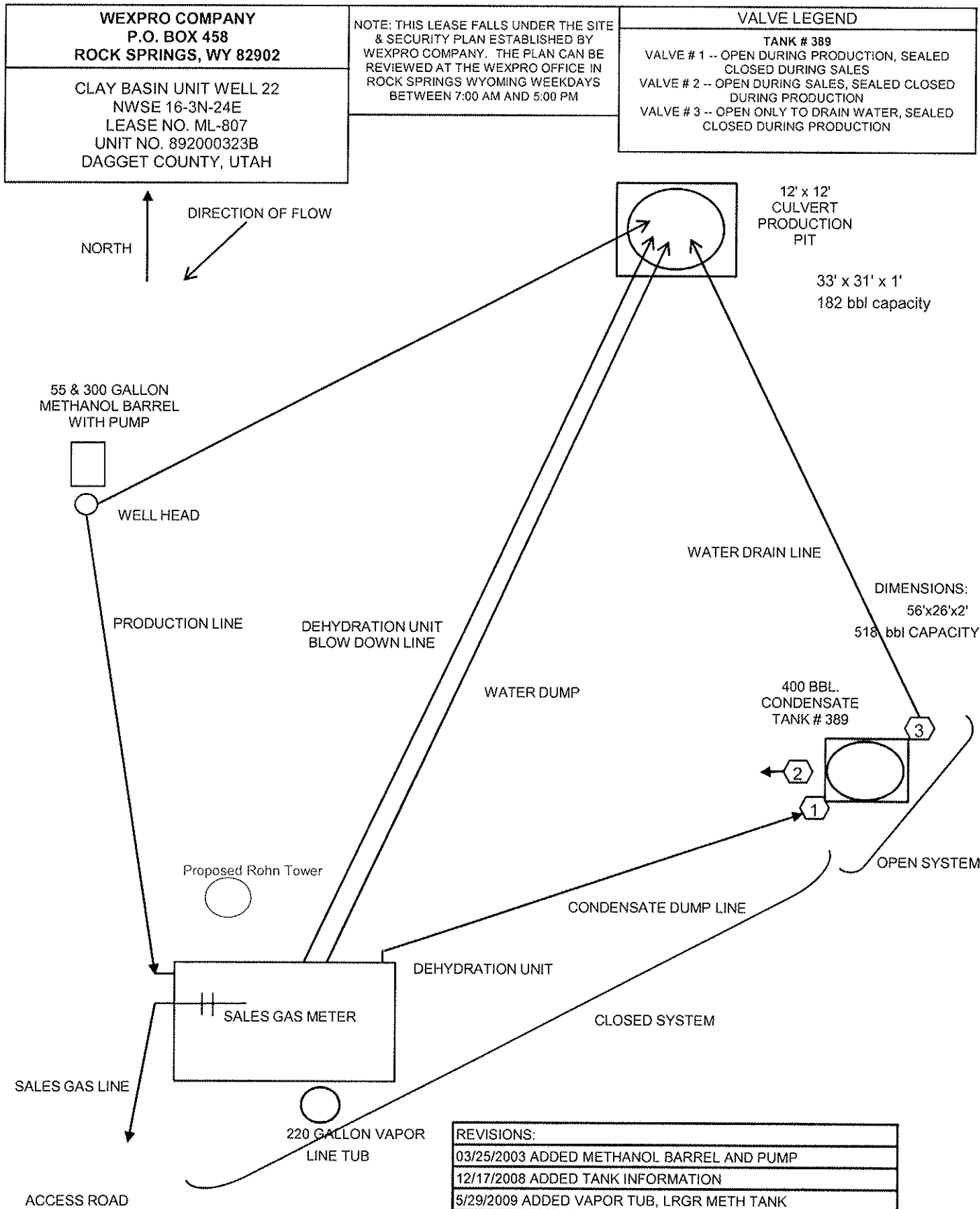
RECEIVED
JUN 04 2009
DIV. OF OIL, GAS & MINING

WEXPRO COMPANY P.O. BOX 458 ROCK SPRINGS, WY 82902	NOTE: THIS LEASE FALLS UNDER THE SITE & SECURITY PLAN ESTABLISHED BY WEXPRO COMPANY. THE PLAN CAN BE REVIEWED AT THE WEXPRO OFFICE IN ROCK SPRINGS WYOMING WEEKDAYS BETWEEN 7:00 AM AND 5:00 PM	VALVE LEGEND TANK # 389 VALVE # 1 -- OPEN DURING PRODUCTION, SEALED CLOSED DURING SALES VALVE # 2 -- OPEN DURING SALES, SEALED CLOSED DURING PRODUCTION VALVE # 3 -- OPEN ONLY TO DRAIN WATER, SEALED CLOSED DURING PRODUCTION
CLAY BASIN UNIT WELL 22 NWSE 16-3N-24E LEASE NO. ML-807 UNIT NO. 892000323B DAGGET COUNTY, UTAH		



REVISIONS:
03/25/2003 ADDED METHANOL BARREL AND PUMP
12/17/2008 ADDED TANK INFORMATION
5/29/2009 ADDED VAPOR TUB, LRGR METH TANK

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING		FORM 9
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.		5. LEASE DESIGNATION AND SERIAL NUMBER: ML-807
1. TYPE OF WELL Gas Well		6. IF INDIAN, ALLOTTEE OR TRIBE NAME:
2. NAME OF OPERATOR: WEXPRO COMPANY		7. UNIT or CA AGREEMENT NAME: CLAY BASIN
3. ADDRESS OF OPERATOR: P.O. Box 458 , Rock Springs, WY, 82902		8. WELL NAME and NUMBER: CLAY BASIN UNIT 22
4. LOCATION OF WELL FOOTAGES AT SURFACE: 2015 FSL 1823 FEL QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: Qtr/Qtr: NWSE Section: 16 Township: 03.0N Range: 24.0E Meridian: S		9. API NUMBER: 43009300100000
PHONE NUMBER: 307 922-5612 Ext		9. FIELD and POOL or WILDCAT: CLAY BASIN
COUNTY: DAGGETT		STATE: UTAH
11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> NOTICE OF INTENT Approximate date work will start: 11/6/2009 <input type="checkbox"/> SUBSEQUENT REPORT Date of Work Completion: <input type="checkbox"/> SPUD REPORT Date of Spud: <input type="checkbox"/> DRILLING REPORT Report Date:	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> ACIDIZE <input type="checkbox"/> CHANGE TO PREVIOUS PLANS <input type="checkbox"/> CHANGE WELL STATUS <input type="checkbox"/> DEEPEN <input type="checkbox"/> OPERATOR CHANGE <input type="checkbox"/> PRODUCTION START OR RESUME <input type="checkbox"/> REPERFORATE CURRENT FORMATION <input type="checkbox"/> TUBING REPAIR <input type="checkbox"/> WATER SHUTOFF <input type="checkbox"/> WILDCAT WELL DETERMINATION </div> <div style="width: 33%;"> <input type="checkbox"/> ALTER CASING <input type="checkbox"/> CHANGE TUBING <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> RECLAMATION OF WELL SITE <input type="checkbox"/> SIDETRACK TO REPAIR WELL <input type="checkbox"/> VENT OR FLARE <input type="checkbox"/> SI TA STATUS EXTENSION <input type="checkbox"/> OTHER </div> <div style="width: 33%;"> <input type="checkbox"/> CASING REPAIR <input type="checkbox"/> CHANGE WELL NAME <input type="checkbox"/> CONVERT WELL TYPE <input checked="" type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> PLUG BACK <input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION <input type="checkbox"/> TEMPORARY ABANDON <input type="checkbox"/> WATER DISPOSAL <input type="checkbox"/> APD EXTENSION OTHER: </div> </div>	
12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc. Wexpro Company and Questar Gas Management intend to upgrade the existing gas metering equipment. The upgrade will consist of the installation of towers and antennas for radio communications. The Rohn tower will be approximately 20 feet high. The cement base will be buried. The base is 2 feet in diameter and 3 feet in height. The Rohn tower will be used to mount the new flow computer and communication equipment needed to communicate volume data from the well sites to a central SCADA computer located at Red Wash. Questar Gas Management will also be replacing the existing EFM and installing a Fisher FB 107, Fisher 205P MVS and a PGI Temperature Element and any other associated equipment. Please see attached diagrams for placement of the Rohn tower and Specification sheets.		
NAME (PLEASE PRINT) Paul Jibson		PHONE NUMBER 307 922-5647
SIGNATURE N/A		TITLE Associate Permit Agent
DATE 11/2/2009		APPROVED BY THE UTAH DIVISION OF OIL, GAS AND MINING Date: November 03, 2009 By: <i>[Signature]</i>



FloBoss™ 107 Flow Manager.

The FloBoss™ 107 Flow Manager introduces a new technology platform to the FloBoss family of flow computers that raises the bar for modularity, versatility, performance, and ease of use. Whether you need a single or multi-run flow computer or few or many I/O points, the new FloBoss 107 can accommodate your needs. The FloBoss 107 is the ideal measurement solution for many natural gas applications. These include, but are not limited to:

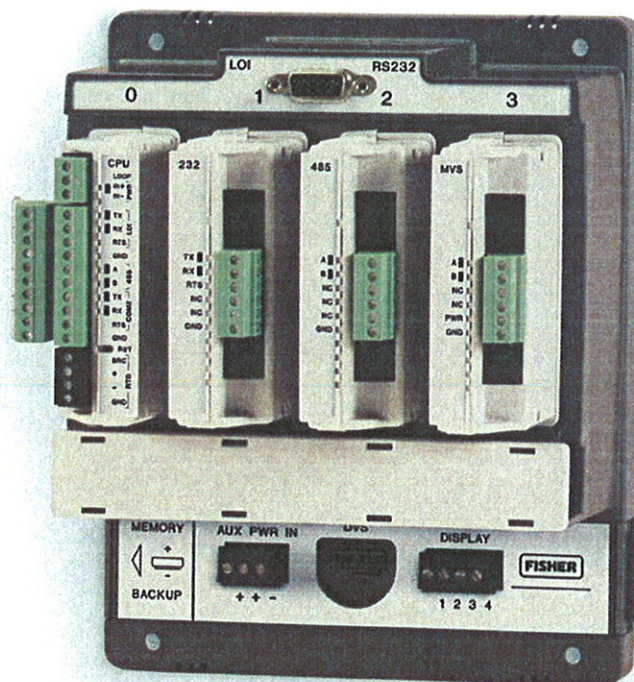
- Custody Transfer
- Wellhead Measurement and Control
- Well Injection Pressure
- Compressor Fuel Gas
- Industrial Gas Usage
- Commercial Gas Usage

The new FloBoss 107 offers you benefits that research has shown flow computer users request. You also get all of the tried and true features of previous FloBoss units such as accurate AGA calculations, data archival, broad communications support, low power consumption, PID loop control, FST control, and operation over extreme temperatures.

API/AGA/ISO Compliant Flow Measurement. The FloBoss 107 maintains API Chapter 21.1 compliant historical archives for measured and calculated values, as well as events and alarms. The firmware has the capability to perform AGA3 orifice flow calculations or AGA7 pulse flow calculations using AGA8 compressibility. It also performs ISO 5167 flow calculations. Other gas flow or properties calculations can be implemented using User C programs.

One to Four Meter Runs. The FloBoss 107 features a built-in dual-variable sensor (DVS) port and RTD input for handling a single meter run. For multiple runs, an optional multi-variable sensor (MVS) module supports up to four remote MVS units.

Scalable and Configurable I/O. You can add a configurable I/O board to the CPU module and up to three configurable I/O modules to the base FloBoss 107. For even more capacity, add an expansion rack to house up to three additional I/O modules.



FloBoss 107 Base Unit

Local or Host Operation. The FloBoss 107 is configured and operated on-site using our Windows® based ROCLINK™ 800 Configuration Software. The FloBoss 107 can also be configured and operated from a computer running popular host software packages. Modbus ASCII and RTU slave or host protocols, as well as native ROC protocol, are supported.

More Communication Choices. The FloBoss 107 comes standard with 3 ports: local operator interface, RS-232, and RS-485. One additional port is supported using an expansion communication module.

Built-in Control Capability. The FloBoss 107 can perform PID control on 8 loops using analog or discrete outputs. A wide range of control problems can be solved easily and quickly with outstanding results. It can also perform logic and sequencing control by means of Function Sequence Tables (FSTs).

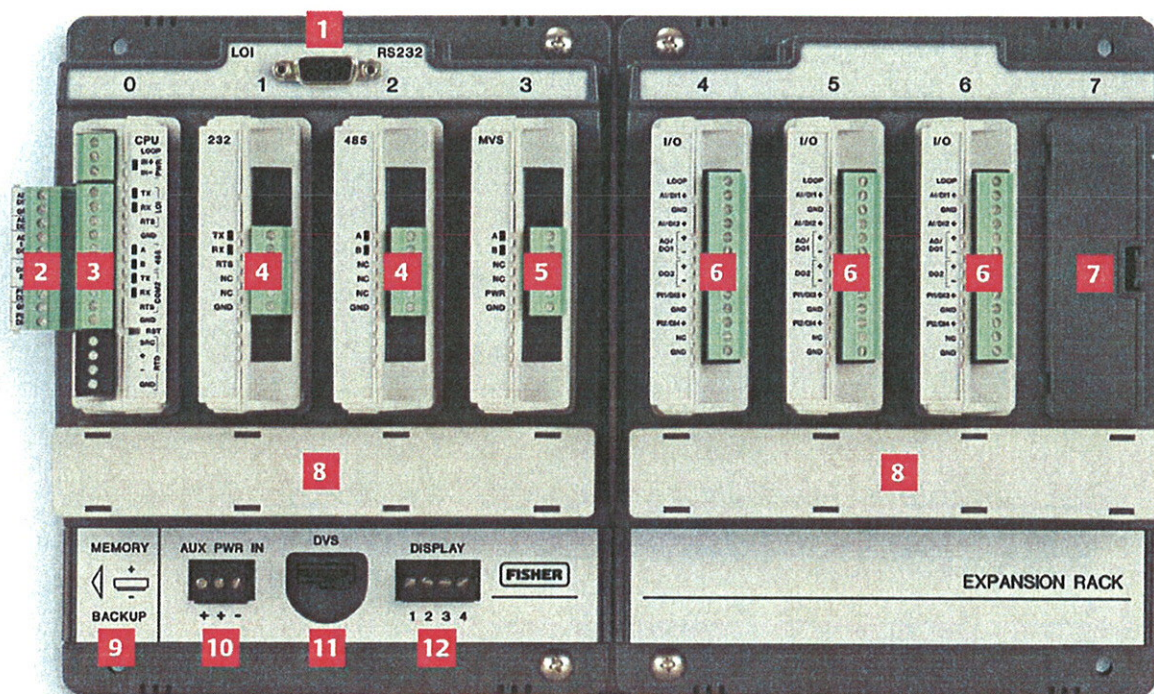
Remote Automation Solutions

Phone (641) 754-3449 Toll Free (800) 807-0730 (US & Canada only)

FAX (641) 754-3630

Website: www.EmersonProcess.com/flow





Base unit (left) provides the backplane, module slots, ports, and electrical interconnections for the FloBoss 107. Dimensions are 204 mm H by 153 mm W by 140 mm D (8 in. H by 6 in. W by 5.5 in. D). Expansion rack (right) plugs into base unit and provides backplane and slots for additional modules. (Same dimensions as base unit).

1 Local operator interface port (RS-232) communicates to a laptop or similar PC device for local configuration and data retrieval.

2 I/O card is available for the CPU module. Five of the six I/O points are configurable by type (AI/DI, AI/DI, AO/DO, DI/PI, DI/PI) and the sixth is a DO.

3 CPU module contains the main processing unit, memory, operational firmware, RS-232 port, RS-485 port, and RTD input.

4 Communication modules are available for a second RS-232 port or RS-485 port.

5 MVS module supports up to six multi-variable sensor units for differential pressure flow measurement. One MVS module can be used in either slot 4 of the base unit or expansion rack.

6 I/O modules provide six I/O points (same as I/O card). Up to six I/O modules can be plugged into the FloBoss 107. 24 Vdc loop power is provided.

7 Module slots accommodate I/O and communication modules and are protected by removable covers when not used.

8 Covered wiring tray neatly routes field wiring to and from modules.

9 Battery compartment uses lithium battery to backup RAM in the CPU.

10 Input power range for the FloBoss 107 and I/O is 8 to 30 Vdc.

11 DVS port provides a serial data link to a dual-variable sensor (DVS) unit.

12 Display port connects a keypad / display unit to the FloBoss 107. Supports ROC and Modbus slave protocols.

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ISO 9001:2000



Certificate No. 004372
Certificate No. 005912

D351406X012 / Printed in USA / 5M / 12-06

RECEIVED November 02, 2009

MVS205 Multi-Variable Sensor

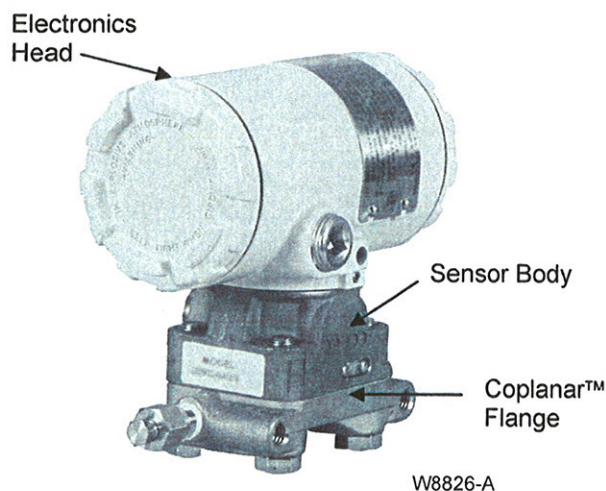
The MVS205 Multi-Variable Sensor (version 1.12 or greater) provides static pressure, differential pressure, and process temperature inputs directly to a ROC 300/800 Series Remote Operations Controller or FloBoss™ 407/500 Series Flow Manager. The inputs from an MVS sensor are used in performing differential pressure type calculations. The MVS205 typically operates as a remote unit that communicates via a serial format.

FloBoss 407 units may use a remote or integral MVS205 sensor. ROC300-Series controllers must be equipped with a Remote MVS Interface (CMA8H). FloBoss 500-Series units must be equipped with a Remote MVS Interface (CR1).

Variables

Functionally, the MVS is a sensor device that measures three flow-related variables simultaneously: differential pressure, static pressure, and temperature. These variables are continuously available to the FloBoss or ROC unit that polls the MVS.

An external three or four-wire RTD is used to sense the process temperature. **The RTD sensor is connected directly to the interface circuit board in the MVS sensor housing.** User-supplied RTD field wiring is required for the connection.



MVS205 Multi-Variable Sensor

Transducer and Interface Circuit

The MVS consists of a transducer and an interface circuit. The transducer, contained in the sensor body, uses capacitance-cell technology to sense differential pressure and piezoresistive technology to sense the static (absolute or gauge) pressure.

The transducer electronics convert the pressure variables directly into a digital format, allowing accurate correction and compensation. The raw temperature is converted by the interface board into digital format. A microprocessor linearizes and corrects the raw pressure signals (from the sensor) using characterization data stored in non-volatile memory.

The interface circuit allows the MVS to connect to and communicate with a ROC or FloBoss using a serial EIA-485 (RS-485) connection. In a Remote MVS, this interface circuit board is enclosed in an explosion-proof electronics head.

Accuracy

Two versions of the MVS sensor are available: MVS205P with reference accuracy of 0.075% and MVS205E with reference accuracy of 0.10%.

Mounting

Attached to the bottom of the sensor body is a Coplanar™ flange. This flange, which provides drain/vent valves, allows the MVS to be mounted on a pipestand, on a wall or panel, or on an integral orifice assembly or manifold valve.

Approvals

A list of North American approvals can be found in the Specifications table on page 2. For information on the European ATEX approved version, please refer to Specification Sheet 2.5:MVSCE.

Flow Computer Division

Website: www.EmersonProcess.com/flow


EMERSON
Process Management

D301079X012

Specifications

DIFFERENTIAL PRESSURE INPUT

Range: 0 to 6.22 kPa (0 to 25" H₂O),
0 to 62.2 kPa (0 to 250" H₂O), or
0 to 248.8 kPa (0 to 1000" H₂O).

Reference Accuracy:

±0.075% of URL (upper range limit) (for MVS205P)
±0.10% of URL (for MVS205E).
Includes linearity, hysteresis, and repeatability effects
for spans up to 10:1 turndown.

Stability: ±0.1% of URL for 12 months.

Over Pressure Limit: 250 bar (3626 psi) Applied on
either or both sides without damage to the sensor.

STATIC PRESSURE INPUT

Range: Either Absolute or Gauge:
0 to 5516 kPa (0 to 800 psia/psig)
0 to 25,000 kPa (0 to 3626 psia/psig)

Reference Accuracy:

±0.075% of URL (for MVS205P)
±0.10% of URL (for MVS205E).
Includes linearity, hysteresis, and repeatability
effects for spans up to 6:1 turndown.

Stability: ±0.1% of URL for 12 months.

Over Pressure Limit: Same as URL.

PROCESS TEMPERATURE INPUT (MVS205
REMOTE ONLY)

Type: For 3 or 4-wire platinum 100-ohm RTD
(conforming to IEC 751 Class B), with $\alpha = 0.00385$.

Range: -40 to 400°C (-40 to 752°F).

Reference Accuracy: ±0.28°C (±0.5°F), exclusive
of RTD sensor error. Specification includes linearity,
hysteresis, and repeatability effects.

Excitation Current: 1.24 mA.

OUTPUT (MVS205 REMOTE ONLY)

EIA-485 (RS-485) asynchronous serial communica-
tion using Modbus protocol for up to 605 m (2000 ft)
distance.

POWER

Input at 0 to 75°C: 8 to 30 V dc, 245 mW average.

Input at -40 to 0°C: 8.5 to 30 V dc, 245 mW average.

Supplied by ROC, FloBoss, or Remote MVS
Interface.

WEIGHT

Including head, 3.0 kg (6.7 lb).

ENVIRONMENTAL

Operating Temperature: -40 to 75°C (-40 to 167°F).

Storage Temperature: -50 to 100°C (-58 to
230°F).

Operating Humidity: 0 to 99%, non-condensing.

DIMENSIONS

147 mm H by 163 mm W by 84 mm D (5.8 in. H by
6.4 in. W by 3.3 in. D).

VIBRATION EFFECT

Sensor outputs shall not shift more than +0.1% of
upper range limit per g from 5 to 2000 Hz in any
axis when tested per IEC 770, Section 6.2.14.

CONSTRUCTION

Sensor Body and Coplanar Flange: 316 SST.

Wetted Parts: 316 SST is standard; Hastelloy C
(NACE compliant) is available. Wetted O-rings are
glass-filled TFE.

Electronics Head (MVS205 Remote): Urethane-
painted die-cast aluminum alloy, rated Type 4X.

MOUNTING (MVS205 REMOTE ONLY)

Pipestand: Mounts on 50 mm (2 in.) pipe with U-
bolt and optional flange bracket.

Wall/panel: Mounts with optional flange bracket,
bolted on 71 mm (2.8 in.) centers.

CONNECTIONS

Conduit: Head has two 1/2-inch NPT connections.

Process: 1/4-18 NPT on 2-1/8 inch centers.

APPROVALS (MVS205 REMOTE ONLY)

Evaluated per the Following Standards:

CSA C22.2 No. 30.

CSA C22.2 No. 213.

UL 1203, UL 1604.

Certified by CSA as: MVS205R Models RSE or
RSP Series.

Product Markings for Hazardous Locations:

Class I, Division 1, Groups C and D.

Class I, Division 2, Groups A, B, C, and D, T5

(T_{amb}=70°C), T4 (T_{amb}=75°C).

Approved by Industry Canada for use with
approved flow computers. Approved as MVS205R
Series Remote Sensors (Measurement Canada
approval # AG-0412).

**Approved by the Alberta Boilers Safety
Association:** Approval # 0F0792.2

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Emerson Process Management

Flow Computer Division

Marshalltown, IA 50158 U.S.A.

Houston, TX 77041 U.S.A.

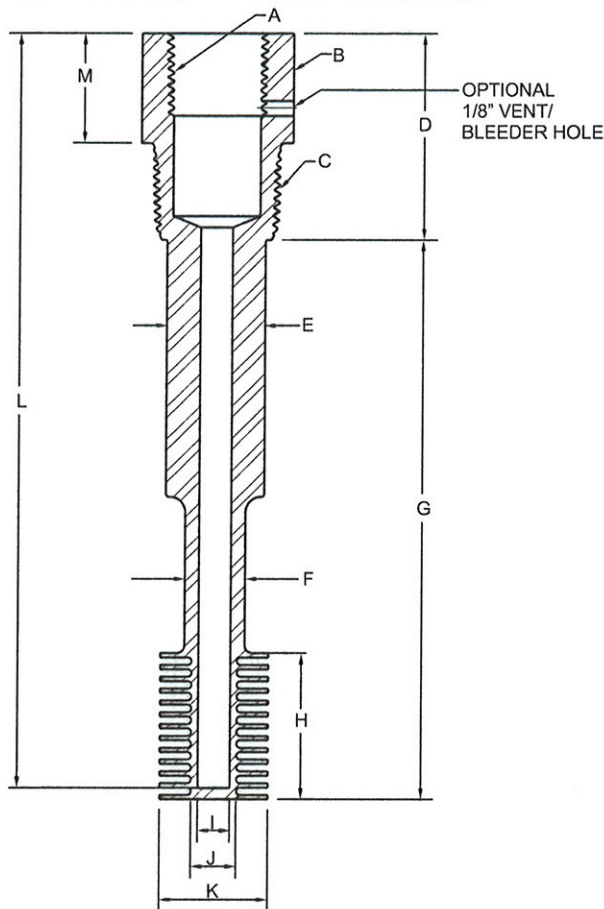
Pickering, North Yorkshire UK Y018 7JA

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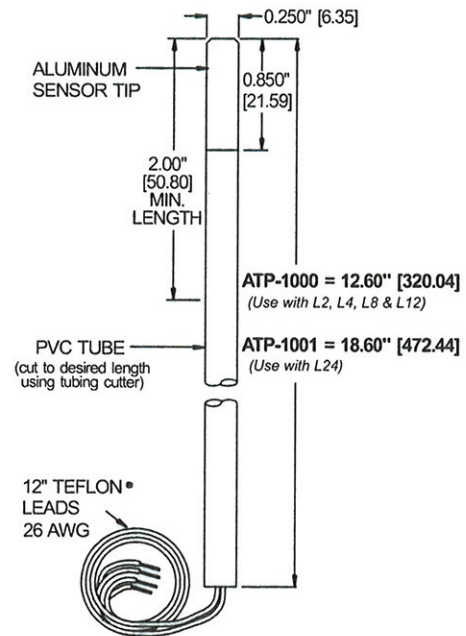


Thermosync Specifications

THERMOSYNC MODEL NO. DIMENSIONS



PROBE



ATP-1000 & ATP-1001 Probe Specifications:

Type: 4-Wire Platinum Wire-Wound
RTD Element
Resistance: 100 Ohms at 0°C (IEC 751)
Alpha Coefficient: .00385
Accuracy: ±0.05°C
Temp. Range: -40°C to +60°C
-40°F to +140°F

Calibration/Accuracy Certification Service Available.

	PROCESS CONN.												
Part Number	A	B	C	D	E	F	G	H	I	J	K	L	M
TAN-12C0-L2	1/2" NPT	1.25"	1/2" NPT	1.69"	0.693	.495"	2.22"	1.20"	260"	37"	645"	3.88"	90"
TAN-12C0-L4	1/2" NPT	1.25"	1/2" NPT	1.69"	0.693	.495"	2.96"	1.20"	260"	37"	645"	4.75"	90"
TAN-12C0-L8	1/2" NPT	1.25"	1/2" NPT	1.69"	0.693	.495"	4.59"	1.20"	260"	37"	645"	6.37"	90"
TAN-12C0-L12	1/2" NPT	1.25"	1/2" NPT	1.69"	0.693	N/A	6.66"	1.20"	260"	37"	645"	8.45"	90"
TAN-12C0-L24	1/2" NPT	1.25"	1/2" NPT	1.69"	0.693	N/A	9.89"	1.20"	260"	37"	645"	11.67"	90"
TAN-34C0-L2	1/2" NPT	1.25"	3/4" NPT	1.69"	0.808	.495"	2.22"	1.20"	260"	37"	.85"	3.82"	90"
TAN-34C0-L4	1/2" NPT	1.25"	3/4" NPT	1.69"	0.808	.495"	2.96"	1.20"	260"	37"	.85"	4.56"	90"
TAN-34C0-L8	1/2" NPT	1.25"	3/4" NPT	1.69"	0.808	.495"	4.59"	1.20"	260"	37"	.85"	6.20"	90"
TAN-34C0-L12	1/2" NPT	1.25"	3/4" NPT	1.69"	0.808	N/A	6.66"	1.20"	260"	37"	.85"	8.26"	90"
TAN-34C0-L24	1/2" NPT	1.25"	3/4" NPT	1.69"	0.808	N/A	9.89"	1.20"	260"	37"	.85"	11.49"	90"
TAN-10C0-L4	1/2" NPT	1.375"	1" NPT	1.69"	0.808	.495"	2.96"	1.20"	260"	37"	.85"	4.75"	90"
TAN-10C0-L8	1/2" NPT	1.375"	1" NPT	1.69"	0.808	.495"	4.59"	1.20"	260"	37"	.85"	6.37"	90"
TAN-10C0-L12	1/2" NPT	1.375"	1" NPT	1.69"	0.808	N/A	6.66"	1.20"	260"	37"	.85"	8.45"	90"
TAN-10C0-L24	1/2" NPT	1.375"	1" NPT	1.69"	0.693	N/A	9.89"	1.20"	260"	37"	.85"	11.67"	90"

All Thermowells:

Material: 316L SS
Press/Temp: 4900 PSI Max @ 330° F
Flow: 100 FPS (L2, L4, L8, L12) or 50 FPS (L24) max in 1000 PSI Natural Gas
Optional Vent/Bleeder Hole Available
Additional Plug & Chain Assembly Available

NOTE: Use a thermal coupling paste or fluid to couple the probe to the well ONLY in the lower .5 inches of the well. DO NOT fill the well with thermal coupling fluid. Spring load the probe to contact the bottom of the well.

U.S. PATENTED - FOREIGN PATENTS PENDING

TDOC-4 REV.11 1-21-03

RECEIVED November 02, 2009

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING		FORM 9
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.		5. LEASE DESIGNATION AND SERIAL NUMBER: ML-807
1. TYPE OF WELL Gas Well		6. IF INDIAN, ALLOTTEE OR TRIBE NAME:
2. NAME OF OPERATOR: WEXPRO COMPANY		7. UNIT or CA AGREEMENT NAME: CLAY BASIN
3. ADDRESS OF OPERATOR: P.O. Box 458 , Rock Springs, WY, 82902		8. WELL NAME and NUMBER: CLAY BASIN UNIT 22
4. LOCATION OF WELL FOOTAGES AT SURFACE: 2015 FSL 1823 FEL QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: Qtr/Qtr: NWSE Section: 16 Township: 03.0N Range: 24.0E Meridian: S		9. API NUMBER: 43009300100000
PHONE NUMBER: 307 922-5612 Ext		9. FIELD and POOL or WILDCAT: CLAY BASIN
COUNTY: DAGGETT		STATE: UTAH
11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> NOTICE OF INTENT Approximate date work will start:	<input type="checkbox"/> ACIDIZE	
<input checked="" type="checkbox"/> SUBSEQUENT REPORT Date of Work Completion: 10/17/2012	<input type="checkbox"/> ALTER CASING	
<input type="checkbox"/> SPUD REPORT Date of Spud:	<input type="checkbox"/> CASING REPAIR	
<input type="checkbox"/> DRILLING REPORT Report Date:	<input type="checkbox"/> CHANGE TO PREVIOUS PLANS	
	<input type="checkbox"/> CHANGE TUBING	
	<input type="checkbox"/> CHANGE WELL STATUS	
	<input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS	
	<input type="checkbox"/> CONVERT WELL TYPE	
	<input type="checkbox"/> DEEPEN	
	<input type="checkbox"/> FRACTURE TREAT	
	<input type="checkbox"/> NEW CONSTRUCTION	
	<input type="checkbox"/> OPERATOR CHANGE	
	<input type="checkbox"/> PLUG AND ABANDON	
	<input type="checkbox"/> PLUG BACK	
	<input checked="" type="checkbox"/> PRODUCTION START OR RESUME	
	<input type="checkbox"/> RECLAMATION OF WELL SITE	
	<input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION	
	<input type="checkbox"/> REPERFORATE CURRENT FORMATION	
	<input type="checkbox"/> SIDETRACK TO REPAIR WELL	
	<input type="checkbox"/> TEMPORARY ABANDON	
	<input type="checkbox"/> TUBING REPAIR	
	<input type="checkbox"/> VENT OR FLARE	
	<input type="checkbox"/> WATER DISPOSAL	
	<input type="checkbox"/> WATER SHUTOFF	
	<input type="checkbox"/> SI TA STATUS EXTENSION	
	<input type="checkbox"/> WILDCAT WELL DETERMINATION	
	<input type="checkbox"/> OTHER: <input style="width: 100px;" type="text"/>	
12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc. The above well Resumed Production on October 17, 2012 at 11:00 AM, after being off for more than 90 days.		
Accepted by the Utah Division of Oil, Gas and Mining FOR RECORD ONLY October 19, 2012		
NAME (PLEASE PRINT) Paul Jibson	PHONE NUMBER 307 352-7561	TITLE Permit Agent
SIGNATURE N/A	DATE 10/18/2012	

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING		FORM 9
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.		5. LEASE DESIGNATION AND SERIAL NUMBER: ML-807
1. TYPE OF WELL Gas Well		6. IF INDIAN, ALLOTTEE OR TRIBE NAME:
2. NAME OF OPERATOR: WEXPRO COMPANY		7. UNIT or CA AGREEMENT NAME: CLAY BASIN
3. ADDRESS OF OPERATOR: P.O. Box 458, Rock Springs, WY, 82902		8. WELL NAME and NUMBER: CLAY BASIN UNIT 22
4. LOCATION OF WELL FOOTAGES AT SURFACE: 2015 FSL 1823 FEL QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: Qtr/Qtr: NWSE Section: 16 Township: 03.0N Range: 24.0E Meridian: S		9. API NUMBER: 43009300100000
PHONE NUMBER: 307 922-5612 Ext		9. FIELD and POOL or WILDCAT: CLAY BASIN
COUNTY: DAGGETT		STATE: UTAH

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

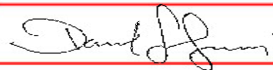
TYPE OF SUBMISSION	TYPE OF ACTION		
<input checked="" type="checkbox"/> NOTICE OF INTENT Approximate date work will start: 10/17/2012	<input type="checkbox"/> ACIDIZE <input type="checkbox"/> CHANGE TO PREVIOUS PLANS <input type="checkbox"/> CHANGE WELL STATUS <input type="checkbox"/> DEEPEN <input type="checkbox"/> OPERATOR CHANGE <input type="checkbox"/> PRODUCTION START OR RESUME <input type="checkbox"/> REPERFORATE CURRENT FORMATION <input type="checkbox"/> TUBING REPAIR <input type="checkbox"/> WATER SHUTOFF <input type="checkbox"/> WILDCAT WELL DETERMINATION	<input type="checkbox"/> ALTER CASING <input type="checkbox"/> CHANGE TUBING <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> RECLAMATION OF WELL SITE <input type="checkbox"/> SIDETRACK TO REPAIR WELL <input type="checkbox"/> VENT OR FLARE <input type="checkbox"/> SI TA STATUS EXTENSION	<input type="checkbox"/> CASING REPAIR <input type="checkbox"/> CHANGE WELL NAME <input type="checkbox"/> CONVERT WELL TYPE <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> PLUG BACK <input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION <input type="checkbox"/> TEMPORARY ABANDON <input type="checkbox"/> WATER DISPOSAL <input type="checkbox"/> APD EXTENSION
<input type="checkbox"/> SUBSEQUENT REPORT Date of Work Completion:			
<input type="checkbox"/> SPUD REPORT Date of Spud:			
<input type="checkbox"/> DRILLING REPORT Report Date:			
OTHER: Tank Install			

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

Wexpro Company requests approval to install a 200 bbl blow down tank at the above mentioned well location. The tank will be located on the existing location, no new surface disturbance will be required. Upon completion of the tank installation an updated site facility diagram will be submitted to the Vernal BLM. After the blow down tank is in operation, the existing production pit will have soil samples taken and analyzed. Upon completion of soil sample analysis, a reclamation plan will be submitted to close the production pit.

Approved by the
Utah Division of
Oil, Gas and Mining

Date: October 26, 2012

By: 

NAME (PLEASE PRINT) Paul Jibson	PHONE NUMBER 307 352-7561	TITLE Permit Agent
SIGNATURE N/A	DATE 10/12/2012	

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING		FORM 9																														
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.		5. LEASE DESIGNATION AND SERIAL NUMBER: ML-807																														
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11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA																																
TYPE OF SUBMISSION <input checked="" type="checkbox"/> NOTICE OF INTENT Approximate date work will start: 3/15/2013 <input type="checkbox"/> SUBSEQUENT REPORT Date of Work Completion: <input type="checkbox"/> SPUD REPORT Date of Spud: <input type="checkbox"/> DRILLING REPORT Report Date:	TYPE OF ACTION <table style="width: 100%;"> <tr> <td><input type="checkbox"/> ACIDIZE</td> <td><input type="checkbox"/> ALTER CASING</td> <td><input type="checkbox"/> CASING REPAIR</td> </tr> <tr> <td><input type="checkbox"/> CHANGE TO PREVIOUS PLANS</td> <td><input type="checkbox"/> CHANGE TUBING</td> <td><input type="checkbox"/> CHANGE WELL NAME</td> </tr> <tr> <td><input type="checkbox"/> CHANGE WELL STATUS</td> <td><input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS</td> <td><input type="checkbox"/> CONVERT WELL TYPE</td> </tr> <tr> <td><input type="checkbox"/> DEEPEN</td> <td><input type="checkbox"/> FRACTURE TREAT</td> <td><input type="checkbox"/> NEW CONSTRUCTION</td> </tr> <tr> <td><input type="checkbox"/> OPERATOR CHANGE</td> <td><input type="checkbox"/> PLUG AND ABANDON</td> <td><input type="checkbox"/> PLUG BACK</td> </tr> <tr> <td><input type="checkbox"/> PRODUCTION START OR RESUME</td> <td><input type="checkbox"/> RECLAMATION OF WELL SITE</td> <td><input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION</td> </tr> <tr> <td><input type="checkbox"/> REPERFORATE CURRENT FORMATION</td> <td><input type="checkbox"/> SIDETRACK TO REPAIR WELL</td> <td><input type="checkbox"/> TEMPORARY ABANDON</td> </tr> <tr> <td><input type="checkbox"/> TUBING REPAIR</td> <td><input type="checkbox"/> VENT OR FLARE</td> <td><input type="checkbox"/> WATER DISPOSAL</td> </tr> <tr> <td><input type="checkbox"/> WATER SHUTOFF</td> <td><input type="checkbox"/> SI TA STATUS EXTENSION</td> <td><input type="checkbox"/> APD EXTENSION</td> </tr> <tr> <td><input type="checkbox"/> WILDCAT WELL DETERMINATION</td> <td><input checked="" type="checkbox"/> OTHER</td> <td>OTHER: <input type="text" value="Production Equipment"/></td> </tr> </table>		<input type="checkbox"/> ACIDIZE	<input type="checkbox"/> ALTER CASING	<input type="checkbox"/> CASING REPAIR	<input type="checkbox"/> CHANGE TO PREVIOUS PLANS	<input type="checkbox"/> CHANGE TUBING	<input type="checkbox"/> CHANGE WELL NAME	<input type="checkbox"/> CHANGE WELL STATUS	<input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS	<input type="checkbox"/> CONVERT WELL TYPE	<input type="checkbox"/> DEEPEN	<input type="checkbox"/> FRACTURE TREAT	<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> OPERATOR CHANGE	<input type="checkbox"/> PLUG AND ABANDON	<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> PRODUCTION START OR RESUME	<input type="checkbox"/> RECLAMATION OF WELL SITE	<input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION	<input type="checkbox"/> REPERFORATE CURRENT FORMATION	<input type="checkbox"/> SIDETRACK TO REPAIR WELL	<input type="checkbox"/> TEMPORARY ABANDON	<input type="checkbox"/> TUBING REPAIR	<input type="checkbox"/> VENT OR FLARE	<input type="checkbox"/> WATER DISPOSAL	<input type="checkbox"/> WATER SHUTOFF	<input type="checkbox"/> SI TA STATUS EXTENSION	<input type="checkbox"/> APD EXTENSION	<input type="checkbox"/> WILDCAT WELL DETERMINATION	<input checked="" type="checkbox"/> OTHER	OTHER: <input type="text" value="Production Equipment"/>
<input type="checkbox"/> ACIDIZE	<input type="checkbox"/> ALTER CASING	<input type="checkbox"/> CASING REPAIR																														
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<input type="checkbox"/> WILDCAT WELL DETERMINATION	<input checked="" type="checkbox"/> OTHER	OTHER: <input type="text" value="Production Equipment"/>																														
12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc. Wexpro Company, requests approval to upgrade the existing production equipment on the above mentioned well location. The dehy will be removed and replaced with a ProPack. Also, a new meter run and meter building will be installed. All new equipment will be installed on existing disturbance and there will be no new additional surface disturbance. The new equipment will be painted the approved BLM color to match the existing production equipment on location. Upon completion of the new production equipment installation an updated Site Facility Diagram will be submitted to the Vernal BLM Field Office.																																
NAME (PLEASE PRINT) Paul Jibson		PHONE NUMBER 307 352-7561																														
SIGNATURE N/A		TITLE Permit Agent DATE 2/20/2013																														

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING		FORM 9
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3. ADDRESS OF OPERATOR: P.O. Box 458 , Rock Springs, WY, 82902		8. WELL NAME and NUMBER: CLAY BASIN UNIT 22
4. LOCATION OF WELL FOOTAGES AT SURFACE: 2015 FSL 1823 FEL QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: Qtr/Qtr: NWSE Section: 16 Township: 03.0N Range: 24.0E Meridian: S		9. API NUMBER: 43009300100000
PHONE NUMBER: 307 922-5612 Ext		9. FIELD and POOL or WILDCAT: CLAY BASIN
COUNTY: DAGGETT		STATE: UTAH

11.

CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> NOTICE OF INTENT Approximate date work will start:	<input type="checkbox"/> ACIDIZE
<input checked="" type="checkbox"/> SUBSEQUENT REPORT Date of Work Completion: 12/23/2013	<input type="checkbox"/> ALTER CASING
<input type="checkbox"/> SPUD REPORT Date of Spud:	<input type="checkbox"/> CASING REPAIR
<input type="checkbox"/> DRILLING REPORT Report Date:	<input type="checkbox"/> CHANGE TO PREVIOUS PLANS
	<input type="checkbox"/> CHANGE WELL STATUS
	<input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS
	<input type="checkbox"/> CONVERT WELL TYPE
	<input type="checkbox"/> DEEPEN
	<input type="checkbox"/> FRACTURE TREAT
	<input type="checkbox"/> NEW CONSTRUCTION
	<input type="checkbox"/> OPERATOR CHANGE
	<input type="checkbox"/> PLUG AND ABANDON
	<input type="checkbox"/> PLUG BACK
	<input checked="" type="checkbox"/> PRODUCTION START OR RESUME
	<input type="checkbox"/> RECLAMATION OF WELL SITE
	<input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION
	<input type="checkbox"/> REPERFORATE CURRENT FORMATION
	<input type="checkbox"/> SIDETRACK TO REPAIR WELL
	<input type="checkbox"/> TEMPORARY ABANDON
	<input type="checkbox"/> TUBING REPAIR
	<input type="checkbox"/> VENT OR FLARE
	<input type="checkbox"/> WATER DISPOSAL
	<input type="checkbox"/> WATER SHUTOFF
	<input type="checkbox"/> SI TA STATUS EXTENSION
	<input type="checkbox"/> WILDCAT WELL DETERMINATION
	<input type="checkbox"/> OTHER: <input style="width: 100px;" type="text"/>

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

The above well Resumed Production on December 23, 2013, after being off for more than 90 days.

Accepted by the
Utah Division of
Oil, Gas and Mining
FOR RECORD ONLY
 January 03, 2014

NAME (PLEASE PRINT) Paul Jibson	PHONE NUMBER 307 352-7561	TITLE Permit Agent
SIGNATURE N/A	DATE 12/26/2013	

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING		FORM 9
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.		5. LEASE DESIGNATION AND SERIAL NUMBER: ML-807
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2. NAME OF OPERATOR: WEXPRO COMPANY		7. UNIT or CA AGREEMENT NAME: CLAY BASIN
3. ADDRESS OF OPERATOR: P.O. Box 458 , Rock Springs, WY, 82902		8. WELL NAME and NUMBER: CLAY BASIN UNIT 22
4. LOCATION OF WELL FOOTAGES AT SURFACE: 2015 FSL 1823 FEL QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: Qtr/Qtr: NWSE Section: 16 Township: 03.0N Range: 24.0E Meridian: S		9. API NUMBER: 43009300100000
PHONE NUMBER: 307 922-5612 Ext		9. FIELD and POOL or WILDCAT: CLAY BASIN
COUNTY: DAGGETT		STATE: UTAH

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> NOTICE OF INTENT Approximate date work will start:	<input type="checkbox"/> ACIDIZE <input type="checkbox"/> CHANGE TO PREVIOUS PLANS <input type="checkbox"/> CHANGE WELL STATUS <input type="checkbox"/> DEEPEN <input type="checkbox"/> OPERATOR CHANGE	<input type="checkbox"/> ALTER CASING <input type="checkbox"/> CHANGE TUBING <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> RECLAMATION OF WELL SITE <input type="checkbox"/> SIDETRACK TO REPAIR WELL <input type="checkbox"/> VENT OR FLARE <input type="checkbox"/> SI TA STATUS EXTENSION <input type="checkbox"/> OTHER	<input type="checkbox"/> CASING REPAIR <input type="checkbox"/> CHANGE WELL NAME <input type="checkbox"/> CONVERT WELL TYPE <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> PLUG BACK <input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION <input type="checkbox"/> TEMPORARY ABANDON <input type="checkbox"/> WATER DISPOSAL <input type="checkbox"/> APD EXTENSION	<input type="checkbox"/> SUBSEQUENT REPORT Date of Work Completion: 10/25/2014
<input type="checkbox"/> SPUD REPORT Date of Spud:	<input checked="" type="checkbox"/> PRODUCTION START OR RESUME <input type="checkbox"/> REPERFORATE CURRENT FORMATION <input type="checkbox"/> TUBING REPAIR <input type="checkbox"/> WATER SHUTOFF <input type="checkbox"/> WILDCAT WELL DETERMINATION	OTHER: <input style="width: 100px;" type="text"/>		
<input type="checkbox"/> DRILLING REPORT Report Date:				

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

The above well resumed production on October 25, 2014; after being off more than 90 days.

Accepted by the
Utah Division of
Oil, Gas and Mining
FOR RECORD ONLY
 October 28, 2014

NAME (PLEASE PRINT) Paul Jibson	PHONE NUMBER 307 352-7561	TITLE Permit Agent
SIGNATURE N/A	DATE 10/28/2014	

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING		FORM 9
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.		5. LEASE DESIGNATION AND SERIAL NUMBER: ML-807
		6. IF INDIAN, ALLOTTEE OR TRIBE NAME:
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		8. WELL NAME and NUMBER: CLAY BASIN UNIT 22
1. TYPE OF WELL Gas Well		9. API NUMBER: 43009300100000
2. NAME OF OPERATOR: WEXPRO COMPANY		9. FIELD and POOL or WILDCAT: CLAY BASIN
3. ADDRESS OF OPERATOR: P.O. Box 458 , Rock Springs, WY, 82902		9. COUNTY: DAGGETT
4. LOCATION OF WELL FOOTAGES AT SURFACE: 2015 FSL 1823 FEL QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: Qtr/Qtr: NWSE Section: 16 Township: 03.0N Range: 24.0E Meridian: S		STATE: UTAH
5. PHONE NUMBER: 307 922-5612 Ext		

11.

CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> NOTICE OF INTENT Approximate date work will start:	<input type="checkbox"/> ACIDIZE <input type="checkbox"/> CHANGE TO PREVIOUS PLANS <input type="checkbox"/> CHANGE WELL STATUS <input type="checkbox"/> DEEPEN <input type="checkbox"/> OPERATOR CHANGE <input checked="" type="checkbox"/> PRODUCTION START OR RESUME <input type="checkbox"/> REPERFORATE CURRENT FORMATION <input type="checkbox"/> TUBING REPAIR <input type="checkbox"/> WATER SHUTOFF <input type="checkbox"/> WILDCAT WELL DETERMINATION	<input type="checkbox"/> ALTER CASING <input type="checkbox"/> CHANGE TUBING <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> RECLAMATION OF WELL SITE <input type="checkbox"/> SIDETRACK TO REPAIR WELL <input type="checkbox"/> VENT OR FLARE <input type="checkbox"/> SI TA STATUS EXTENSION <input type="checkbox"/> OTHER	<input type="checkbox"/> CASING REPAIR <input type="checkbox"/> CHANGE WELL NAME <input type="checkbox"/> CONVERT WELL TYPE <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> PLUG BACK <input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION <input type="checkbox"/> TEMPORARY ABANDON <input type="checkbox"/> WATER DISPOSAL <input type="checkbox"/> APD EXTENSION	OTHER: <input style="width: 100px;" type="text"/>
<input checked="" type="checkbox"/> SUBSEQUENT REPORT Date of Work Completion: 10/30/2015				
<input type="checkbox"/> SPUD REPORT Date of Spud:				
<input type="checkbox"/> DRILLING REPORT Report Date:				

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

This well resumed production on October 30, 2015 after being off more than 90 days.

Accepted by the
Utah Division of
Oil, Gas and Mining
FOR RECORD ONLY
 November 06, 2015

NAME (PLEASE PRINT) Tammy Fredrickson	PHONE NUMBER 307 352-7514	TITLE Senior Permit Agent
SIGNATURE N/A		DATE 11/5/2015